The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses Association

VOL. XXXII MONTREAL, QUE., JULY, 1936 No. 7

MODERN TRENDS IN DIABETES

E. M. WATSON, M.D., University of Western Ontario Medical School, London, Ont.

The diabetic of today is certainly a fortunate individual compared with his luckless prototype of little more than a decade ago. To develop diabetes in the years before the discovery of insulin was equivalent to receiving a death sentence with an added penalty of a longer or shorter period of misery and suffering. All diabetic children died then, the majority within one year following the onset of the disease. More than 60 per cent of the deaths were due to diabetic coma for which there was no effectual form of treatment. The remainder succumbed to tuberculosis, pneumonia, septicaemia or gangrene.

A dismal picture indeed, but how different from the conditions of the present age! Today, diabetic children live and enjoy the same opportunities as their non-diabetic playmates for growth, development and preparation for a useful life. The diabetics who die now are old diabetics and they die *with* their diabetes not *of* their diabetes. Diabetic coma is no longer a weapon of the Grim Reaper because diabetic coma is preventable and if it should occur, efficient means are at hand for its cure. Arterio-sclerosis and its resulting lesions, notably gangrene, has replaced coma as a cause of death among diabetics. Deaths from tuberculosis and other infections have been greatly reduced and diabetics withstand surgical operations well.

Clinical records and experience prove that we are dealing today with a new type of diabetic. For example, a review of the records of the Victoria Hospital, London, Ontario, shows that during the twelve years, 1911 to 1922 inclusive, 34 per cent of the patients who were admitted with diabetes died in the institution. All of the patients with diabetic coma died and 61 per cent of the diabetic deaths were attributable to this complication. Two out of three of the gangrene cases died; gangrene accounted for 11 per cent of the total deaths among diabetics.

The use of insulin began early in 1923. Of the total diabetic admissions for the twelve years 1923 to 1934 inclusive, the mortality was only seven per cent, or about one-fifth of what it was during the corresponding period before the discovery of insulin. Less than one-half of the number of patients (48 per cent) who had diabetic coma died and the deaths due to coma were only 31 per cent of the total deaths or about one-half of what they were formerly. Coincident with the marked improvement in the mortality figures as regards diabetic coma, the percentage of deaths due to gangrene rose to fourteen.

These statistics include cases of diabetes who were treated in the early Banting era when the therapeutic application of insulin was more or less in its experi-

(A contribution to a symposium on diabetes mellitus presented at a refresher course arranged under the auspices of District 1, Registered Nurses Association of Ontario, at London, Ont., on March 26, 1936. Other contributions to this symposium will appear in succeeding issues.)

mental stage and when the high fat, low carbohydrate type of diet was in vogue. So, in order to impart some idea of the situation as it presents itself today, I shall add our figures for the past year.

The diabetic admissions for 1935 number 157. Only three of the patients had diabetic coma but eight had gangrene. There were twelve deaths during the year, giving a mortality rate about equal to that of the preceding twelve years, but there was not a fatality from diabetic coma. The patients who died were elderly individuals. Three of the eight patients with gangrene died. Thus gangrene accounted for 25 per cent of the deaths.

To what influences may we attribute the remarkable changes in the character of the diabetes of the present time as contrasted with that of several years ago? The chief credit must be given, assuredly, to insulin. But apart from the benefits derived from this life-preserving remedy, several achievements have been accomplished within recent years which have contributed to the modern successful treatment of diabetes, and the indications point to the addition of still more improvements in the future. Research has shed a flood of light upon the problems pertaining to the errors of carbohydrate metabolism.

A New Conception

Diabetes is regarded as being due essentially to an absolute, relative or qualitative deficiency of insulin. The fundamental cause of the insulin deficiency, however, is not readily explainable. Most cases of diabetes are the result apparently of the combined effects of two influences: (1) A predisposing cause and (2) an activating or exciting cause. This conception of the disease has added much to our understanding of the aetiology of the condition and incidentally it has supplied a lead with respect to its prevention.

The exciting cause of diabetes is often obvious and it includes such factors as infections, dietary excesses, obesity, trauma, emotional shock, arterio-sclerosis and thyrotoxicosis. In view of the fact that thousands of people suffer these abnormalities without developing diabetes makes it necessary to consider the probability of some underlying factor in those who do develop the malady. In this regard, the most important predisposing cause of diabetes seems to be an inherited tendency towards the disease and heredity as a basis for the development of diabetes is an established fact.

Because the lives of diabetics are now prolonged, family histories can be completed and the mode of transmission of the disease from generation to generation can be demonstrated. The evidence in favour of the view that the potentiality for developing diabetes is inherited rests upon the following observations:

The greater incidence of diabetes in the blood relations of diabetics than in those who are not related. The occurrence of a positive family history of diabetes among the relatives of diabetics is strikingly noticeable in the clinical records.

The almost simultaneous occurrence of diabetes in both members of sets of identical twins.

It has been shown that the inheritance of the disease occurs in accordance with the laws of heredity.

The conception of the hereditary nature of diabetes presents, therefore, a challenge to those concerned with the practical problems of preventive medicine and eugenics.

Inter-Relationships

A new and interesting chapter may be written into the story of diabetes when knowledge of the inter-relationships of the various ductless glands is better understood. It appears that the "master gland" of the body, the pituitary, exerts a governing influence over the pancreas as well as over other organs, and it is capable of yielding a hormone with blood-sugar-raising properties, the so-called diabetogenic hormone. The mucous membrane of the duodenum produces something which stimulates the secretion

of insulin by the islet cells of the pancreas and possibly promotes carbohydrate metabolism in other ways. Also, the rôle of the liver in metabolism and the importance of certain fat-like substances with relation to the storage of carbohydrate are engaging the attention of scientists. The bearing of such matters upon clinical diabetes is not apparent at present but there is no limit to what the future may disclose. They certainly provide opportunities for speculation and investigation.

An important clinical problem has developed, however, directly as a result of the prolongation of the lives of diabetics by efficient anti-diabetic management. They live to suffer the consequences of arterio-sclerosis, because unfortunately, there is as yet no known means for checking the progress of this pathological condition. Gangrene, heart failure and cerebral lesions are directly attributable to arterio-sclerosis. While much can be done to prevent the development of gangrene in diabetics, it is nevertheless the complication of major importance at the present time.

Treatment

Doctor Joslin has referred to diet, insulin and exercise as the three steeds which pull the diabetic's chariot. The principles of treatment could not be described more succinctly. There is not a chronic disease in the realm of medicine which is as satisfactory to treat as diabetes; nor are the benefits of team work better exemplified. The members of the team whose combined efforts contribute to the success of the treatment are the physician, the surgeon, the nurse, the dietitian, the biochemist, the physiotherapist and the social service worker.

Diet is and always will be, probably, the mainstay of anti-diabetic treatment but opinions regarding the dietary treatment of diabetes have undergone some radical changes in the past few years. Coincident with the advantages afforded by insulin, the present-day diabetic enjoys more liberal and more natural diets than were thought possible heretofore. The starvation treatment is out of date and rightly so. At the same time, overnourishment is to be avoided. The aim of every diabetic should be to keep his weight ten per cent below his normal weight.

While the diabetic now eats twice to four times as much carbohydrate food as he used to, he also eats much less fat. Apparently, high fat feeding, especially if accompanied by a small intake of carbohydrate, tends to cause a diminution of the carbohydrate tolerance and increases the demand for insulin. On the other hand, a diet composed of a moderate amount of carbohydrate with a limited amount of fat seems to bring about an improvement of the carbohydrate tolerance.

The modern system of dieting has done away to a large extent with the use of the so-called "diabetic foods," especially the substitutes for bread. Considerable misunderstanding still exists, however, concerning whole wheat, brown, gluten or other types of bread which are sold under the erroneous name of "diabetic" breads. Many of these contain little, if any, less carbohydrate than ordinary white bread and are distinctly less palatable. Others have a high content of protein and when it is recalled that over 50 per cent of the ingested protein is utilized as glucose by the body, it can be readily seen that if such breads are eaten with impunity, the dietary adjustment may be thrown entirely out of balance. If a bread substitute is necessary, it is advisable to employ only that which is prepared from a reliable product, the composition of which is known.

Insulin

Insulin has been life itself to countless diabetics. Insulin enables the individual to derive value from his food; it gives him energy; it puts him back to work and

makes him a useful productive member of society.

Objections are raised occasionally by patients when treatment with insulin is suggested, but these can be overcome usually by a little logical reasoning. One of the most prevalent mistaken ideas is that once a person starts using insulin, he must persist with its use indefinitely like some habit-forming drug. Such a thought is, of course, senseless but we can cheerfully meet that argument with the remark that twenty-five out of every hundred persons who receive insulin improve to the stage where they can get along without it and ninety-nine out of every hundred can have the dosage materially reduced. The truth of the matter has been told by Dr. Joslin in this way: "The use of insulin enables many a diabetic patient to do without it."

There are some dangers connected with the use of insulin just as there are dangers associated with the use of digitalis or certain other drugs. Insulin is harmful only when it is misused. Doctors, nurses and patients are becoming better acquained with the use of insulin and reactions due to too great a reduction of the blood sugar, therefore, are avoided.

A practical disadvantage to insulin therapy relates to the fact that insulin must be injected under the skin. Administered in any other way, except directly into a vein, it is not effective. Perhaps some day a method will be discovered whereby insulin or some other preparation can be taken by mouth and thus substitute for the injections. Experiments along these lines are in progress in various places.

The effect of an injection of insulin is greatest at about one hour but it lasts for several hours. It is a fact that insulin injected into the subcutaneous tissues of a severely diabetic patient can not compensate fully for the lack of the insulin which is normally supplied by the pancreas unless, of course, the injections are made at inconveniently frequent intervals. In order to obtain a pronounced and a prolonged effect upon the blood sugar, a large dose of insulin has to be given and the possibility of a hypoglycaemic reaction is therefore great. A smaller dose may control the blood sugar for a shorter period of time. The frequency and the size of the doses are gauged, therefore, by the degree of severity of the diabetic state as indicated by the height of the blood sugar. It is a well-known fact that it is extremely difficult to maintain the level of the blood sugar within normal limits in a severely diabetic person by three or even four injections of insulin a day. Rather wide fluctuations in the blood sugar inevitably occur.

Within the past year there was announced what promises to be a notable advancement toward the overcoming of such difficulties. There may be available in the near future a compound of insulin and a substance obtained from fish, named Protamine Insulin, which after its injection allows the insulin to be liberated slowly from the subcutaneous tissues, thus producing a more even effect over a longer period of time than does the type of insulin employed at present. On account of the slower and more prolonged action, wide fluctuations in the blood sugar are avoided and insulin reactions are prevented.

Exercise is now accorded a place in the treatment of diabetes. It tends to lower the blood sugar of the diabetic patient in whose body there is an adequate supply of insulin. Through muscular activity, food tolerance improves and higher diets with smaller doses of insulin are possible. Exercise may even precipitate insulin reactions. It is a good plan to keep the diabetic out of bed if no contra-indication exists. A system of graduated exercises in the gymnasium is being employed as a part of the anti-diabetic programme in some institutions.

Psychological factors must not be neglected when dealing with diabetics. Never forget that a diabetic is a human being and that, after all, the flesh is weak. The average diabetic is not an object of pity. Sympathetic understanding of the individual patient's problems is essential for success in treatment. Strive to gain the patient's confidence. Try to instil into him encouragement and self-reliance. He must be persuaded to take his place in the world along with the rest of the population. Emphasize the fact that it is no disgrace to be a diabetic. Some outstanding personages in business, letters and science have been diabetic.

It is interesting to contemplate regarding what may be the mode of control of diabetes in the future. Universal acceptance of the hereditary theory of the disease may lead in some measure to its prevention. Dr. Joslin states that "the importance of heredity as a fundamental factor is so great that in Germany it has received governmental attention."

Owing to the more frequent detection of the disease and the prolongation of the lives of persons with diabetes, the diabetic population is likely to increase. This will lead to important social and economic problems. Perhaps the ultimate solution of some of these will be along lines comparable with those employed at present for the control of tuberculosis. The time may not be far distant when sanatoria will be established in various localities for the treatment and education of diabetics. Diaebtic clinics will operate in conjunction with these institutions and in collaboration with the general hospitals and the medical profession. Contact with the patients will be maintained by specially trained visiting nurses and dietitians who will have charge of the field work.

A plan such as this, of course, is merely a dream but considering the trend of the times with regard to matters of health regulation within our country, it is by no means an impossibility.

A NEW OFFICIAL ORGAN

With the May issue of "The Canadian Hospital" that journal becomes the official organ of the Canadian Hospital Council. Its new editor is Mr. Leonard Shaw, B.Sc., superintendent of the Saskatoon City Hospital. Among other interesting articles this number contains a synopsis of the excellent report of the committee on nursing, prepared by the Rev. Mother Audet, R.N., superintendent of the Hôtel Dieu Hospital, Campbellton, N.B. Certain passages of the report are printed in heavy type thus lending additional emphasis. In one paragraph the desirability is indicated of adopting a system of hospital accounting which will include nursing costs. A second statement deals with a basic principle of such importance that we quote it in full: "*The small hospital seems to feel that it must maintain a school, but experiments are proving that it actually costs less to a small hospital to maintain a graduate staff than to maintain a student staff; that is, if the hospital tries at all to give he necessary education to the student.*"

The Canadian Nurse wishes "The Canadian Hospital" every success in its new venture.

THE MARY AGNES SNIVELY MEDAL

It is generally agreed that the most distinctive feature of the biennial meeting of the Canadian Nurses Association in Vancouver in June, 1936, was the conferring for the first time of the Mary Agnes Snively Medals on Miss Jean I. Gunn, Miss Edith MacPherson Dickson and Miss Mabel F. Hersey.

On the occasion of the twenty-fifth anniversary of the Association held in Toronto in 1934, it was decided to strike a medal in honour of the founder and to confer three medals every two years on nurses whose work conspicuously exemplifies Miss Snively's ideals. The choice of the first three recipients was, indeed, a happy one. All three have made great contributions to nursing service, nursing education and the organization of nurses' associations in Canada. Miss Gunn, as every one knows, is Miss Snively's successor as superintendent of Nurses at the Toronto General Hospital Training School for Nurses; Miss Dickson is a distinguished graduate of Miss Snively's and Miss Hersey has succeeded in the difficult task of carrying over the ideals and traditions of Miss Snively's period into the changing social conditions of today.

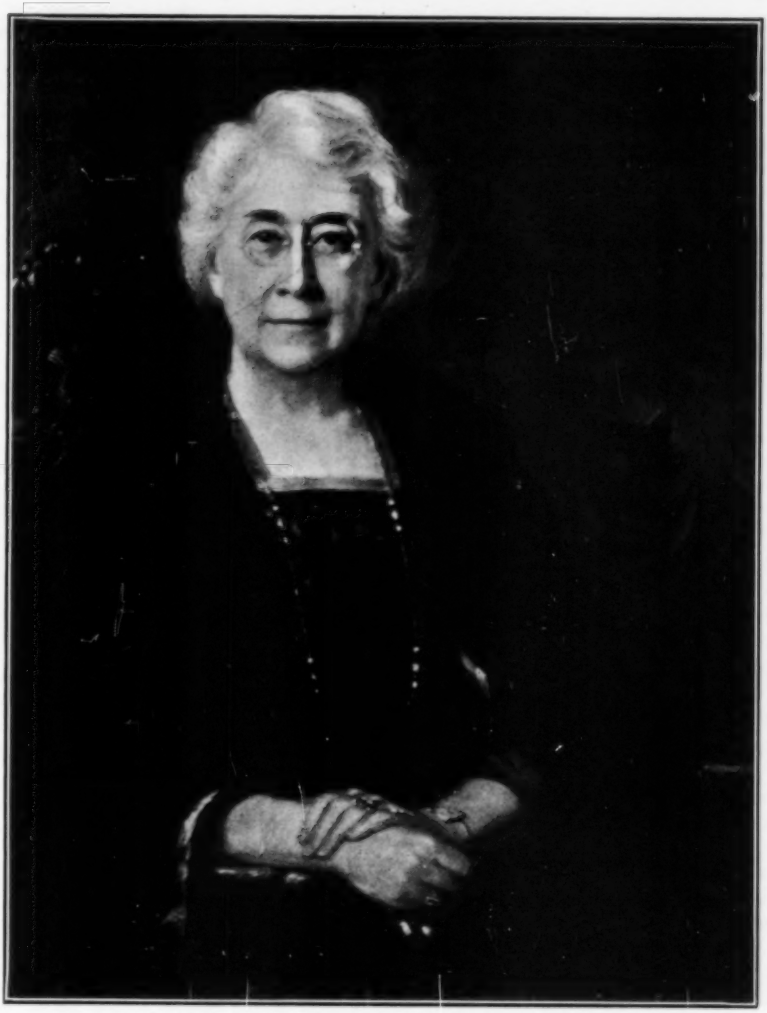
The President, in her oration at the presentation ceremony, reviewed some of the salient features of Miss Snively's career. Perhaps to this review may be added an interpretation of her personality, made by one who knew her first as a pupil nurse, and later as a close personal friend.

It was Miss Snively's intellectual and spiritual powers that marked her predominantly as an unusual woman. She always recalled to mind the words of the great Huxley in describing the educated man "whose intellect is a clear, cold, logic engine with all its parts of equal strength and in smooth running order, ready, like a steam-engine, to be turned to any kind of work and to spin the gossamers as well as forge the anchors of the mind; one, who, no stunted ascetic, is full of life and fire, but whose passions have been trained to come to heel by a vigorous will, the servant of a tender conscience; one who has learned to love all beauty whether of Nature or of art, to hate all vileness and to esteem others as himself."

Miss Snively's mind was equally adept at spinning gossamers and forging anchors. All Canadian nurses must know of the anchors she forged; the Canadian Nurses Association is one of them. It is only her intimate friends who know of the gossamers which she delighted to spin. There was a subtlety in her mental processes, reminiscent of the women of the Victorian era who could not achieve by direct methods. In these days of approaching equal opportunities of the sexes, we are apt to forget that in Miss Snively's prime, women were not supposed to be masters of logic, and, if such a thing were suspected, it made their work even more difficult. Miss Snively's subtlety, combined as it was with an exacting conscience, was a sheer joy to behold in operation. She caught shades of meaning which completely escape most people, and this constituted one of the elements of her conquering charm.

The word "charm" has become much hackneyed of late, yet the English language has not yet provided a substitute for this elusive and delightful quality. Miss Snively had it to an unusual degree. It manifested itself in many ways. She had a keen awareness of life, and exhibited a vitality which could not be taken from her even in her last, trying illness. She was regal in appearance; no one ever questioned her commands. She was kind and considerate of others in little ways that do not occur to most people. She was compassionate, as her patients well knew. She was socially attractive, and had a very wide circle of interesting friends outside of the medical and nursing professions.

Miss Snively was deeply religious. In fact, her religion provided the deep mo-



MARY AGNES SNIVELY

1847 - 1933

Miss Snively is regarded as the mother of Canadian nursing. She was the Founder and the first President of the Canadian Nurses Association, a Foundation Member of the International Council of Nurses and its first Honorary Treasurer. From 1884 to 1910 she served as superintendent of nurses in the Toronto General Hospital. The Mary Agnes Snively Memorial Medal is dedicated to her memory and is the highest honour which the Canadian Nurses Association can bestow upon its members.

tivation which illumined her life. It prompted her to deny herself all the luxuries and many of the small comforts of life in order to give to foreign missions. She helped native women in India to be educated as doctors; she maintained Bible-women in Formosa and she started a school for children in one of the neglected villages of China. She said little about it, and only a few very intimate friends have ever known from her the extent of her missionary enterprises.

Miss Snively's religion manifested itself in both faith and works. She had a deep, strong faith which carried her triumphantly over the difficulties of life. It helped her to face a lonely old age with serenity and grace, and it was victorious in the hour of her death. It could surely be said of Miss Snively as it was said of Mr. Valiant-for-truth, "So *she* passed over, and all the trumpets sounded for *her* on the other side."

J. E. B.

THE MARY AGNES SNIVELY MEDAL

MISS MONTGOMERY RETIRES

The entire staff of the Prince Albert Sanatorium recently paid tribute to Miss Mary Montgomery, the retiring superintendent of nurses in that institution. For seventeen years Miss Montgomery has given loyal and efficient service to the Anti-Tuberculosis League of the Province of Saskatchewan, first as superintendent of nurses in the Sanatorium at Fort Qu'Appelle and, since 1930, in a similar capacity in Prince Albert. Dr. R. W. Kirby, superintendent of the Prince Albert Sanatorium, said he had never known her to serve a selfish motive and that her executive position never blinded her to the needs and comforts of the patients. They always received first consideration. Dr. R. G. Ferguson, superintendent of the sanatorium at Fort Qu'Appelle, also spoke of her in the highest terms. On behalf of the Prince Albert Sanatorium staff, Miss Winona Maguire presented her with a Henderson oil painting which was especially executed for her by the artist. Miss Montgomery is a graduate of the School of Nursing of the Winnipeg General Hospital and those who knew her in her training days well remember her as a good nurse and a capable one. The best wishes of all her friends will follow her in her retirement.

Institute of Public Hea
Faculty of Publ
University of Western Onta
LONDON : CANA

THE EDITOR'S DESK

Readers' Guide

The award, for the first time, of the Mary Agnes Snively Memorial Medal is an event of importance in the history of nursing in Canada. Miss Jean E. Browne sheds new light on the remarkable personality from whom the medal takes its name. △ A refresher course was recently held in London under the auspices of District One, Registered Nurses Association of Ontario. One of the most outstanding features was a symposium dealing with modern trends in the treatment of diabetes. Our leading article is the first of a series of the addresses which formed part of the symposium and is written by Dr. E. M. Watson, a member of the faculty of the Medical School of the University of Western Ontario. In subsequent issues the *Journal* will publish the entire series which includes articles dealing with the nursing and dietary management of diabetic patients. △ The health section of the public school department of the Ontario Educational Association has kindly permitted us to publish the masterly address given before that body by Sally Lucas Jean. Miss Jean is consultant in health education in the Department of Indian Affairs, Washington, D.C., and is a high authority in her chosen field. School nurses will find her article eminently practical and directly applicable to their needs, but its appeal should not be confined to any one group of nurses. It may be read with profit by all for it deals with public health in the broadest sense.

The Nurses' Battle

When the history of nursing in Canada comes to be written, one of its most inspiring chapters will tell of the plucky fight made by nurses on behalf of nursing education. By way of a single instance, we mention the School of Graduate Nurses of McGill University which owes its existence to the courage and determination of a handful of nurses who, against tremendous odds, have stubbornly refused to admit that they were beaten. In almost any other field but nursing such gallantry would have caught the imagination of persons who are in a position to lend support to educational enterprises. Why should nursing be thus overlooked? Is it because nurses do not yet understand how to plead their cause at the bar of public opinion effectively? Dignified publicity is the weapon we must learn to forge and to wield if we are to open doors now closed to us.

Publicity and nursing have never seemed to mix well. They are looked upon as incompatibles, like the innocent drugs which, when mingled, form horrific compounds and produce alarming results. Nevertheless we must find some way of interpreting nursing to the community and that means publicity in some form or other. The spoken word, the daily paper, the radio—all these are agencies of which, so far, we in Canada have not made sufficient use. Even our official organ, *The Canadian Nurse*, is not yet utilized to the extent that it should be. Signs are not wanting, however, that nurses are beginning to realize that a cause which needs and deserves public support should develop advocates who can compel attention. Such persons are rare but they can be found. The sooner we look for them the better.

On the Wing

It is a far cry from Vancouver to Montreal but time and the printing press wait for no man. This issue of the *Journal* must go to press while the Biennial Meeting of the Canadian Nurses Association is actually in progress, which means that editorial supervision can be exercised only by remote control. Our readers are therefore asked to be patient if errors have crept in. Neither editors nor their desks function particularly well on transcontinental trains.

Correspondence

The Right Ideal

Would you like to hear from a "small hospital" nurse in a prairie province? "The right to live" has brought many comments to the *Journal* and I have read them with much interest. This is a day of perplexity and anxiety for Canadian nurses. Many who have even a shadow of that beautiful ideal which lived with Florence Nightingale and many years after, are facing problems which are increasing with the years. There are murmurs that remuneration is the chief motive for nursing, or the lack of hope for a home of their own. Hence, for those who long to reach toward the proper ideal, it is doubly difficult to work with those who fail to see the vision. Is it not sacrifice and loyalty to the service which gives us our present association and system of nurse training? We all owe a loyalty to that first great dream. If we are not respected, should we not strive the harder to gain respect for nursing as a profession?

"The right to live" brings many thoughts to my mind. Who first gave us the right to live or breathed the breath of life into us? Our lives do not belong to ourselves but a gift from the Giver of all Gifts, to use in His service. Florence Nightingale's definition of nursing is: "The work of the skilful hand, directed by the cool head, inspired by the loving heart." There can be much joy and pleasure, outside our duty in reading, meditation, lectures, plays, musicales, and outdoor recreation. We can fuliy enjoy these, if in our hearts we know that each task is performed to the best of our ability.

As for the little home—the home instinct is as natural as breathing to most women. But if we give renewed strength and courage to those we nurse, that spirit may extend to many homes and bring comfort. Even if our own home calls with a greater urge than our profession, we may be greatly blessed because we have given ourselves to a higher cause and expect naught in return save the daily necessities for our strength and existence.

M. E. Parrott,
General Hospital, Didsbury, Alta.

Spirit of Sacrifice

Reading with deep interest the courageous letter in your March issue entitled "Life offered up" I feel impelled to answer. Words of my own would carry little weight so I beg permission to quote literally those of Dr. L. R. Mott, a great man, internationally known as a leader of youth, who recently gave this ringing challenge to a large group of people. "In almost all the countries through which I have travelled, there are large tracts of territory uncovered as to social or health work for the people. Many small groups, who have made wonderful beginnings, are becoming tired and see no help on the horizon. I envy the young man or woman of today who has a life to give; and I call upon them to turn their backs upon money, and to give that life to altruistic work and give it to the death. The world needs, as never before, this sacrificial spirit."

Fellow nurses: in the Appalachian mountain belt some of us know all about this dearth of workers. I know of two urgent calls from country doctors this week that were unanswered because no nurse cared to leave the city and the money offered was not enough. Visits in the Canadian North convinced me that the same situation prevailed in other places. To quote the speaker once more: "Many fields are indeed white unto harvest and the labourers are pitifully few." With all due honour to the fine spirit of the modern nurse: do we not all need to hear the challenge anew and be permeated with the spirit of sacrifice that is willing to go all the way? Some great jobs in the world await such workers.

Alice Adshead, *R.N., Tennessee*
(formerly of Toronto).

How Long?

Last year the family were in the throes of mumps when I sent in my renewal to the *Journal* and this year German measles is our not very welcome guest. The variety of letters and opinions published during the year have been interesting. We live in the centre of a farming community in Ontario. Nurses were frequently employed here a few years ago, but now a call is sent out only when there is desperate need. What a tragedy that there should be such a need for nursing service and so many nurses ready to give that service but that it must be denied because there is no money to pay. The day of socialization of medicine and nursing services has not yet materialized. Is it unreasonable to hope that in an intelligent and civilized country such as ours, that these blessings should soon be made available to the people?

"Katy Lee," Ontario.

Department of Public Health Nursing

PROMOTING HEALTH THROUGH THE SCHOOLS

SALLY LUCAS JEAN, Consultant in Health Education, Office of Indian Affairs, Washington, U.S.A.

Efforts to improve the health of children through the schools has taken on a new aspect during the last eighteen years though all schools have attempted to develop health over a much longer period. This change has been due largely to the recognition that detection of disease, and instruction regarding the formation and functions of the body, have not materially affected the beliefs or the practices of the children who pass through the schools. The new emphasis is placed upon influencing the child, as well as his parents, and upon the co-ordinated effort of all who come into contact with him in the school with a view of creating an attitude conducive to healthy living.

The promotion of health through the schools includes what may be termed *Services*: doctor, nurse, dentist, dental hygienist, school lunches, etc.; *Environment*: ventilation, cleanliness, etc.; *Instruction*: attitudes, practice, knowledge, Each is equally important and any one fails in effectiveness unless the other two phases function co-ordinately. The vital spark, essential in promotion of health through the schools, is the example of leaders who demonstrate in their own lives confidence in the application of scientific health knowledge — an enthusiasm for health.

Medical examination, medical inspection, or health examination as this service is variously called, has had as it primary function the detection of disease and physical defects. Within the last few years a broader interpretation has been accepted and prevention has become the key-note for both school physicians and school nurses. At no period, in any country, have sufficient funds been appropriated to permit adequate health examinations of all school children, as well as the follow-up required to assure correction of the defects discovered. Observations and reports indicate that England has made the most satisfactory progress in this important field of personal and public health though significant efforts can be found elsewhere.

How can doctors and nurses best serve to promote health through the schools? It is only possible to answer in relation to existing conditions. If the staff is sufficient to permit a thorough health examination of all children once a year, and to follow up each child who is found to have one or more defects, the health, of not only the children, but of all the whole population will be promoted. Such service is rare indeed, in any part of the world, so it is necessary to consider how such funds as are available may best be expended.

If the legal requirements determine the matter, as they do in some municipalities in the States, every child must pass through the school physician's hands once, and those found with physical defects, twice, annually. When such a restrictive law exists, and funds are not appropriated to cover the services of a sufficient number of physicians and nurses to permit a thorough health examination of each child once a year, it has been found practicable to examine thoroughly all children twice or three times during their school life. The regulations can be met by inspecting, once or twice a year, those children not having the benefit of a thorough health examination during that year. All authorities seem to agree that

(An address delivered before the Health Section of the public school department of the Ontario Educational Association, April 15, 1936.)

it is most desirable for health examinations, of a thorough nature, to be made at such intervals as the service permits rather than a hurried inspection annually.

Groups of physicians have been organized in many communities to examine school children. In one instance this plan was initiated by a local fund for Red Cross activities. The superintendent of schools aroused the interest of those responsible for the expenditure of the fund and convinced them that the health of the school children could be conserved by bringing in pediatrists, occulists and other specialists on a per diem basis. As the Department of Health did not have funds for the purpose the plan was tried out and has been so successful that now, at the end of eleven years, the group physician's service on a per diem basis is being carried on in that community from tax funds. Where group service is feasible the plan has distinct advantages but must, of course, meet with the approval of the local department of health and of local doctors.

The presence of parents during the examination of the child at school slows up the proceedings but increases the number of children having defects corrected. As the purpose of the service is to promote health it seems the obvious thing to do, though it requires the efforts of all concerned to bring about the attendance of the parents. In a small Southern city, several years ago, one hundred per cent of parents, in a low-income neighbourhood, responded to invitations to visit the school on a certain day, at a given hour, to talk with the doctor about John or Mary. This record attendance of parents was achieved after a full year of popularizing the plan; it had become fashionable; the thing to do. The amount of criticism of health examinations in schools, as well as the lack of enthusiasm for such service, both of which materially affect appropriations, can be reduced by increasing the time spent by the doctor with parents, explaining the condition of their children. Large city schools and the isolated one-room schools present different sets of problems, but my observation leads to the belief that school medical service is oft-times superior in the country districts even though facilities for correction are less. The physical difficulties of the plan were overcome in one little school by the initiative of the teacher. The parents were invited to discuss the doctor's coming visit, two months hence; a plan was agreed upon and carried through with enthusiasm. The afternoon before the scheduled visit the one room, with a large central stove, was cleared by placing the benches and desks (which were on slides) to the front of the room. This provided a moderately large free space, one-half the size of the building. Wires were stretched from the side walls, seven feet high, across the width of the room, and two wires, six feet apart, attached to these from the back wall. On these, carefully laundered sheets, brought from the homes, were hung, thus forming cubicles. A table and two chairs, placed in the central space where the best light was available, were assigned the doctor and his recorder.

The doctor and nurse arrived. The giggles of glee coming from the boys undressing and dressing in their cubicles and the girls in theirs mingled with the distant yells of the pupils, released for the half-day to play games in a field, far enough away not to annoy the examining physician. A reliable mother, previously selected by the group, because she wrote a good hand and knew how to keep her own counsel, served as recorder, so that the nurse could be free to weigh children and to make the preliminary eye examination, as well as to plan for the correction of defects. The teacher saw that the doctor was not kept waiting for patients and that the children dressed quickly and ran off to join their fellows.

She added her personal knowledge regarding each child, and the doctor explained to her the special needs regarding specific children, as well as to the mother of the child. Examining cloths had been made by the mothers from muslin bought in quantity at the country store, funds for this purpose being provided by the Parent-Teacher organization of the school.

Parents sat knitting or caring for babies while they awaited their child's turn to see the doctor. One buxom woman said to a visitor present: "Ain't we lucky to have a doctor come once in two years to our school? We had nothing like this when I went to school." Can you imagine that group of parents being opposed to a larger appropriation for school medical and nursing service?

Though the notification of parents (not present at the examination) regarding the doctor's findings, can most satisfactorily be handled through a call at the home by the nurse, funds do not usually permit enough nurses to allow this procedure for all children found to have defects, so notification forms must be employed. Those usually used are not as effective as they might be, due to lack of imagination on the part of the person designing them or to insufficient printing funds or to inadequate clerical assistance. The utilization of coloured paper, or cardboard pictures of conditions to which the parents' attention is to be called, and the use of terminology easily understood by the layman are all factors worthy of consideration.

Records

The type of medical records in use varies enormously but gradually a form suitable to carry the health history of the child's school life is coming into use. Such a record should follow the child from the day he enters school until its doors close upon him and, when committees are sufficiently enlightened, a life record for each citizen from birth registration to death will be kept on file in the health department.

Whatever the form of the record, the classroom teacher should have either a copy of the same made available to her, or the defects of her pupils listed, if she is to participate fully in the health promotion of each child. The set-up for efficient health examinations should always include the teacher's presence and, though school regulations complicate this, it is practicable as has been found by many school systems.

The School Physician

The school physician is needed to safeguard the sanitary aspects of the school plant and though his instructions usually cover this phase of health, because of the pressure of work in examining children, little of his time is devoted to toilet rooms, washrooms, school kitchens and ventilation. If unannounced inspection of school buildings were a regular part of his active duties, such conditions as we now find in school buildings would not be tolerated.

Large funds have been, and are being, expended upon the popularizing of annual health examinations of adults. The children in our schools offer a fertile field for the creating of sentiment toward this objective. Each time a boy or girl of any age is impressed by the thoroughness and sincerity of the school physician's examination of his body, the ground work for the securing of a new recruit for annual health examinations is being laid.

The School Nurse

The trained public health nurse is one of the most valuable assets a community can have but she is not always allowed to use her professional ability to the degree her training warrants in promoting health through the schools. Her place is not in the classroom instructing children in health, but rather in the homes and in the community, serving to create confidence in scientific health procedures, explaining, persuading and organizing, so

that the school physician's advice may be put into effect.

A review of the records in use indicates that school nurses are usually credited with the number of home calls made and the number of children inspected rather than with accomplishments. Until this practice is changed nurses will continue to pile up numbers regardless of their desire or efficiency. Release the nurse from the restriction of numbers and credit her with the quality of her work. School nurses are public servants and must report their activities, and records of their findings must be available for statistical purposes, but surely the time of clerks can be employed for this purpose to better advantage than the professional service of this highly trained individual. Volunteer service from parents, teachers, and older pupils can advantageously be utilized for record keeping.

Some of the most valuable contributions made to health education in the schools have come from nurses, but creative, constructive ideas are not forthcoming from weary women, hounded by pressure from above which requires records and reports that cannot be prepared without recourse to the proverbial midnight oil.

Dental Hygiene

Health authorities, as well as dentists, universally agree that mouth health is of utmost importance in maintaining health. Therefore, the dentist, and dental hygienist, have a distinct place in the promotion of health through the schools. Where dental clinic service can be secured, the establishment of school dental clinics does not seem desirable. Free dental service has, in some sections, been arranged for indigent children through the organized dental assocation, each dentist agreeing to contribute a certain amount of time to such work.

The dental hygienist soon learns to select with the teacher such children as cannot afford dental fees but she is equally valuable in persuading children, whose parents can pay for such service, to seek the private service of a competent dentist. The ambulatory dental clinic meets the needs of the rural school and its importance cannot be over-estimated.

School Lunches

Wherever children are gathered together for long hours, food should be made available, and public-spirited citizens and educators realizing this fact have devised various methods of providing school luncheons. Local needs and circumstances must control the type of luncheon served, but experience indicates that every school can provide food of some kind in the middle of the day where any considerable number of pupils cannot go to their homes during the noon hour. Before the depression, school lunches had largely become self-supporting, but to enable the community to provide food at a minimum cost, schools have been utilized during the last seven years as free feeding centres. Free breakfasts as well as mid-day meals have been served to pupils needing food which was not available at home. This type of service has seemed necessary and in some places may be continued legitimately, but furnishing food free to school children should not be confused with the regular service of school lunches.

The mid-morning lunch of milk and crackers is a valuable health activity and it is generally believed that this addition to the three meals a day lessens fatigue and increases the capacity of the child to do school work effectively. To prevent interference with appetite for the mid-day meal, it is desirable for this service to be arranged at 10 a.m. and not later than 10.15 o'clock. A quiet place, where pupils can drink their milk in a leisurely fashion, while seated, is an essential. The floor affords space, when benches are not available, newspapers being used to protect the child's clothes. For many years

certain school systems have provided milk service at cost to the pupils, the children depositing their pennies on Monday morning for the week's milk with the teacher as naturally as they say good-morning. By placing straws, now almost universally utilized for milk drinking in schools, in half-pint bottles, the safety of the milk from contamination can be assured. Older children, entrusted to wipe off bottle tops and punch apertures in the covers, are proud indeed to be chosen for this duty. Over-weight children should not, of course, be encouraged to take mid-morning milk unless the family physician or the school doctor so advises. The toilet visit and handwashing should precede the milk service and all other luncheons, thus adding one more link in the important co-ordination of health instruction and health service.

Simple equipment and very little work is required to furnish one hot dish to supplement the mid-day luncheon brought from home. Cocoa, hot soup, creamed potatoes or stewed tomatoes can be found cooking on thousands of stoves in country schools, teacher and children having prepared the dish in the course of the morning from food contributed from home larders or through group purchase. In schools where a cafeteria set-up is practicable, it is vital for the menus to be prepared under the supervision of a dietitian. Skilful cooking and cleanliness are, of course, most desirable. All this, however, is not enough to assure children's selecting well balanced meals. Boys and girls rush to the cafeteria and pass in line to counters with food attractively presented and properly posted, but unless special care is given to the selection of food served, as well as its placing, sweets will be chosen first, not always leaving money enough in the pupils' pockets to cover the cost of the essential foods. A placard carrying the words: "Sweets may only be purchased after milk or cocoa and a green vegetable or salad has been ordered," can now be found displayed in many school cafeterias. Classroom discussion in the period immediately after lunch, of what constitutes a well-balanced luncheon, permits the teacher to express approval of those whose selection of food has been wise and increase the interest of all.

Environment

The environment created in the school is either an asset or a liability in the development and maintenance of a school health programme, depending upon those serving in each building. The administrator and teachers, as well as the custodian or janitor, create the atmosphere for or against health. The type of building, old or new, has little effect on health one way or another, the important factor being the capacity, attitude and spirit of those who influence children's behaviour.

Large structures, with so-called modern ventilating systems, do not necessarily furnish air of the right temperature and humidity to classrooms, while old buildings with stoves and open windows may be satisfactory. Mechanical contrivances depend upon the human equation for their efficient functioning and, though competent engineers and architects design the buildings, any incapable or indifferent custodian serving as engineer may determine classroom temperatures. The teacher is powerless, because the opening of a window affects the entire heating and ventilating system and so cannot be permitted. This is not a disparagement of modern heating and ventilating systems but rather an example of the part played by the school custodian in the maintenance of a school health programme.

Cleanliness is another factor largely influenced by this factotum, cleanliness of the building as well as personal cleanliness essentials, toilet paper, soap and towels for handwashing as well as the amount of hot water available. If those responsible for estimating supplies need-

ed will gauge the amount of soap and towels required upon the basis of two handwashings per day, which should be a minimum, and three for children remaining at school for mid-day lunch, this one objective of the school environmental programme, hands washed after toilet and before food, is more likely to be reached. Naturally, the amount of toilet paper, water, soap and towels used by pupils must be safeguarded, but sufficient of all these essentials is necessary if the school environment is to be a health asset.

Thermometers in all classrooms, and monitors appointed to record hourly temperatures, assist in creating an interest, on the part of all concerned, for the maintenance of proper temperatures. This procedure also develops a sensitivity to this one phase of health and so becomes an instructional factor. In the small or old school building, without the complication of heating and ventilating apparatus, the teacher controls the situation. The one central stove with a kettle or pan of water kept bubbling, with a window down from the top and up at the bottom, a board being placed in the aperture to protect children seated near, furnishes, if properly handled, a satisfactory temperature.

Instruction

Health teaching in the school, about which there has been much discussion, consists of creating in the child's mind a desire to be healthy and furnishes information as to how this can be accomplished. The classroom affords a centre which may become a focus of a systematic campaign for health behaviour. To break down unfortunate habits formed before the child enters school and to substitute proper living habits is a goal worthy of the most skilful teaching. Maud Brown, in "Teaching Health in Fargo," uses the terms propaganda, drill, rationalization, as the sequence to be followed in introducing a health behaviour programme.

Propaganda involves popularizing through the community, the school and the classroom. Drill necessitates opportunities to repeatedly practice the habit, and rationalization, knowledge and understanding. Those responsible for this programme have requested your speaker to discuss the high school health teaching programme and, as time does not permit elaboration, the remainder of the assigned period will be devoted to this age group.

In the High School

The nature of the pupils' experiences in the elementary school must be taken into account in planning the high school health programme, but the first step is to develop a definite campaign of popularizing, for the parents and the public as well as the students. All parents desire their children to be healthy and most of them think they are doing all in their power to bring this about, but they usually do not know how to utilize such knowledge as they possess and have little thought as to the influence of the school in this respect.

No satisfactory school health programme can function without the support of the community. Mass meetings of parents in the schools, in clubs and churches are important. The family physician, through word of mouth, carries enormous weight with parents and the press may influence the whole people. All of these forces should be utilized after a high school health programme has been determined upon. Those in charge have something to sell, a vital idea which has been sold in other places, and the methods used in launching any legitimate product may advantageously be employed in selling the health idea to the community.

Approach the club leaders, the clergy, the Chamber of Commerce, as well as the physicians, dentists, nurses, and other health specialists, and see how readily they will respond to the thought of promoting the health of their boys and girls through high school health programmes.

They know all is not well with the health of their young people. They know that, though the organized forces are conscientiously attempting to promote health, thousands of people are ill, thousands die yearly because present health knowledge is not applied in the daily lives of the people who have passed through the schools. The press is only interested in news so it is necessary to create news to secure space in the newspapers but this can readily be done. Select leaders for a central committee to guide the campaign; from these hunt out those with a "nose for news" and they will soon point the way to make events which the press will be glad to publish.

A faculty health committee in each high school is essential in co-ordinating the various phases of the service, environment and instructional programmes. Weekly meetings in the first few months of the inauguration of a new health programme have been found necessary, and then can be called less often but at a regular and agreed upon day and hour.

The membership in these committees usually consists of the school principal and representatives from the science, home economics and physical education departments, as well as the doctor and nurse, if such services exist. The custodian or janitor should also be kept in touch with this group by attending occasional meetings when his province is to be touched upon. Here, not only specific plans for the whole health programme are discussed, but the individual problems of students who are not participating satisfactorily from a health point of view. The chairman of the committee varies, in some cases being the administrative officer of the institution and again the physical educator, or the home economics director, depending upon the situation.

The nature of the instruction given students can only be determined by a knowledge of what has gone before, but success is dependent upon creating an interest on the part of the student and in developing opportunities for him to attain the satisfactions which come from successful efforts to establish habits in which he can feel a justifiable pride. Courses in human biology, personal hygiene, as well as physical education and health examinations, all have their place but are of little avail in developing healthy living habits unless some provision is made for the student to discuss his personal health problems with a sympathetic, understanding person. If a health educator is not available, a nurse for certain problems, and physical educator for others, may serve but only through such provision can a high school health programme function effectively.

You may well ask can our community afford such programmes? Some one has estimated that the average community spends five hundred times as much to keep a child in school a year as it does to protect that child's health, and, if that child fails, spend another five hundred per cent of the health cost to carry it an extra year — all in the name of economy.

He and his million brothers
Create our country,
Weave the destiny of the nation.
They are our flag.
Shall we neglect this august possession,
This Supreme Property,
Remembering only mines, forests, railways,
Crops, livestock and ships?
We had best stop and look at Everychild,
He is not alone for his mother,
Not alone for his father,
But belongs to every one of us;
He is the deepest concern of us all.

THE McGILL SCHOOL

On a sunny day in May, a long and colourful procession wound its way along the tree-shaded avenues which traverse the grounds of McGill University. The occasion was the annual Convocation, and in the student ranks there walked twenty-one nurses wearing the traditional cap and gown over their white uniforms. Eight of these women were successful candidates for the certificate in teaching and supervision in schools of nursing, and thirteen for the certificate in public health nursing. Three had won special distinction — and every one of these belongs to the proud Province of Saskatchewan. The Lieutenant-Governor's silver medal for highest standing in the course in teaching and supervision was claimed by both Marion Barbara Bie and by Nellie Grace Fitch who had attained equal standing. So the Lieutenant-Governor gave two medals! In the public health nursing course, the Lieutenant-Governor's medal was won by Olive Kathryn Clemons. And now a word about each of the prize-winners.

Miss Bie is a graduate of the School of Nursing of the Saskatoon City Hospital and holds the position of instructor. Last autumn she was awarded the Flora Madeline Shaw memorial scholarship which is sustained by the Alumnae Association of the McGill School for Graduate Nurses. Miss Fitch is a graduate of the School of Nursing of the Regina General Hospital and was the beneficiary of the generous scholarship given by Mr. Carss, of Weyburn. The West can also claim Miss Clemons since she holds the degree of Bachelor of Arts from the University of Saskatchewan and hails from Prince Albert. She is a graduate of the School of Nursing of the Royal Victoria Hospital, Montreal.

THE PRIZE WINNERS

In addition to students taking the full course, thirty-six students registered for partial work, thirty-one of whom were enrolled in the course in teaching and supervision. Many of these part-time students are staff nurses in the various hospitals of Montreal. Their keen interest and intelligent response was, in itself, proof of the practical value of the instruction thus received.

Bursaries were provided from the following sources:

The Carss Scholarship.

The Alumnae Association of the School for Graduate Nurses of McGill University.

The Montreal General Hospital.

The Royal Victoria Hospital, Montreal.

The Alexandra Hospital, Montreal.

The Alumnae Association of the School for Nurses of the Montreal General Hospital.

The Association of Registered Nurses of the Province of Quebec.

In 1932 the Alumnae Association of the School undertook the responsibility of financing it for a five-year period. For three years this obligation has been met and the outlook for the coming year is favourable. Considerable re-organization in the programme of studies has been undertaken and changes in various courses have been made in order to secure close integration. There are already good prospects of increased enrolment. In a word: *the School goes on*. The McGill School for Graduate Nurses has an inherent vitality which financial hardship cannot wither. After all, money is not everything—there are other values which enter into the reckoning.

It is distinctly encouraging to learn that every one of the twenty-one members of the class of 1936 has either already obtained a position or has good prospects of doing so. The value of any educational preparation can only be appraised by the quality of work done by those who have thus qualified themselves. Judged by this exacting standard, the graduates of this School have given a good account of themselves. The service which they are rendering to the community is, in itself, a tribute to the School which prepared them to give it.

CLASS OF 1936, THE SCHOOL FOR GRADUATE NURSES, McGILL UNIVERSITY, MONTREAL.

A VALUABLE COURSE

The Children's Memorial Hospital in Montreal offers some information concerning the course offered to graduate nurses who desire to have further experience in the nursing of children. The Hospital has a capacity of 300 beds and treats all kinds of diseases except those which are infectious. The hospital offers special facilities in the observation and care of rheumatic and cardiac cases, and in the teaching of medical aseptic technique. A newly organized plan of instruction emphasizes a special study of the child which will include lectures in child psychology and the direction of the discipline and play of convalescent and chronically ill children, conducted by a specially qualified director.

The course will be of six months' duration divided as follows: medicine, one month; surgery, one month; infants and infant feeding, one month; out-patient department, one month. The out-patient department experience will be broadened to include social and public health aspects by means of visits to the home and to child welfare clinics. The remaining two months will be elective and will offer a choice between experience in the care of bone tuberculosis and rheumatic and cardiac cases and some responsible executive experience on the wards.

Practical experience will be correlated with a lecture programme and ward clinics by staff doctors on conditions peculiar to children. Ward work will be under the guidance of teaching supervisors who hold the diploma of the School for Graduate Nurses, McGill University. Class demonstrations of treatments and measures adapted to the nursing care of children will be given by a qualified instructor holding a similar diploma. Some hours will be devoted to supervised reference reading. These hours, and the lecture time, will be arranged during the hours counted as "on duty." Excursions will be made from time to time to places which are of interest from a professional point of view. A certificate will be given upon the successful completion of the course.

Classes are admitted in the spring and autumn as follows: April 15; May 15; and October 15; November 15. Full maintenance and laundry will be provided but no other remuneration will be given. Opportunities to apply for vacancies in staff positions will be offered to postgraduate students who prove themselves competent and reliable. Students contemplating applying for the course are asked to apply early, as accommodation is very limited. Further information may be obtained from the superintendent of nurses.

Department of Nursing Education

AN EXCELLENT DIRECTORY

The seventh annual Directory of the Catholic Schools of Nursing in the United States and Canada is now available. This excellent and authoritative study is prepared under the auspices of the Catholic Hospital Association, through its two Councils on Nursing Education—American and Canadian respectively. The Canadian Council comprises the following members: Sister Madeleine of Jesus, B.S., R.N. (chairman), Ottawa University School of Nursing, Ottawa; Mother Ste. Anne, R.N. (secretary), St. Jeanne d'Arc School of Nursing, Montreal; Rev. Mother Audet, R.N., Hôtel Dieu School of Nursing, Campbellton, N.B.; Sister Allaire, The Grey Nunnery, Montreal; Sister Mead, R.N., Holy Cross School of Nursing, Calgary, Alta.; Sister M. Albert, R.N., St. Michael's School of Nursing, Toronto; Sister St. Louis, The Grey Nunnery, Montreal.

The text of the report is prepared under the immediate direction of the Reverend Alphonse Schwitalla, S.J., and is worthy of close study by all who are responsible for the education of nurses. This directory shows that there are 76 Catholic schools of nursing in Canada with a total enrolment of 3,684 students — an increase of 296 over the preceding year. According to the Dominion Bureau of Statistics the total enrolment in Canada is 8,044, so that the students in Catholic schools represent 45.8 of the student-nurse body in this country. Some wise counsel is given concerning the administration of schools of nursing, especially in relation to their governing committees. We quote from the report:

> If a school is to be properly administered, the source of authority and the transmission of authority must be clearly defined. This is necessary even if a school is liberally administered. Liberal administration differs, of course, from chaotic administration. If authority is properly defined, a school may still be safe if considerable latitude is permitted in dealing with the faculty, the student body, and the auxiliary personnel. On the other hand, a school in which authority is arbitrary, even though that school be administered with great rigor, may still be disorganized. For these reasons, the responsible person or persons in a school of nursing should be definitely designated, the extent of their responsibilities should be defined, and the group of persons or the person to whom the school administrator reports should be well known to all individuals interested in the institution.
>
> If it is important for a school of nursing to have an adequate, effective, and interested council or board, it is equally necessary, it would seem, that such an administrative or advisory committee be composed of properly chosen persons. Again upon this point, uniformity is neither desirable or practical. The suggestion may, however, be made that in any council or board of the school of nursing representation should be provided for first and foremost for the administrators of the school itself and for the nursing profession. Secondly in importance but still important, no doubt, the necessity of providing representation for the hospital administrators, the medical profession, and for educational interests. In general, therefore, it would seem that those interests which pertain to the profession of nursing and to nursing education should be predominant with the assurance, however, of adequate representation on the council or board for the hospital administration, for the medical staff, for medical interests, and by all means for the religious interests.

The Catholic Hospital Association is to be congratulated on this most useful report and on its broad-minded attitude towards nursing education. A similar directory, dealing with non-Catholic schools of nursing, is greatly needed and its preparation should be undertaken by some responsible nursing group as soon as possible. Full and accurate details concerning every approved school of nursing in Canada would provide the authoritative information upon which our educational policies should be based.

Institute of Public Health
Faculty of Public Health of the
University of Western Ontario
LONDON - CANADA

PRIVATE DUTY IN BRITISH COLUMBIA

ESTHER PAULSON, Convener, Private Duty Section, Registered Nurses Association of British Columbia.

New Westminster

The private duty section here, as in Victoria, does not meet as a separate body. A study programme for the general meetings was outlined last fall and proved a source of much interest and stimulation. It provided an excellent opportunity to keep up-to-date on professional problems, and the private duty nurses contributed to this educational hour at each meeting. Their contributions included demonstrations of modern nursing procedures and talks on the special problems of the private duty field. One entire session was devoted to a discussion of eight-hour duty. As yet, eight-hour duty has not become an established rule in New Westminster but an optional eight-hour service is available at the rate of $3.00. The Association raised a fund by means of a raffle, which is used to provide special nursing care, on the eight-hour basis, to needy cases.

Vancouver

The monthly meetings of the private duty nurses have usually taken the form of round-table discussions with emphasis on registry problems and state health insurance. An attempt is made, at these meetings, to carry out a suggestion made by Miss Smith at the refresher course last Spring, and to collect information on various diseases; the details are clipped from magazines and pamphlets and are assembled so as to be available for nurses who are on duty with out-of-town cases or are assigned to types of cases which they have not nursed for some time.

A plan for bringing about eight-hour duty for special nurses working in hospitals was put into operation in Vancouver almost a year ago and the resulting benefits to patients and nurses are obvious. Where two nurses formerly covered the twenty-four-hour period, three are now employed. In the past, a patient sometimes found the cost for two nurses at $6.00 each for twelve-hour duty too heavy; he now finds that two nurses for eight-hour duty at $4.00 each is much more conveniently managed; this service is so arranged as to cover the hours when special care is most needed. One nurse is now employed for eight hours at $4.00 when, formerly, the patient did without a nurse altogether rather than pay $6.00 for twelve hours; this particular arrangement has been found to work out very well in the home.

The nurses themselves regard the eight-hour day as a boon and are asking themselves "Why did we not have it long ago?" It is felt that no other change in nursing policy ever went through quite so easily or with so little opposition. The eight-hour day is compulsory for special nurses in the Vancouver General Hospital, but is still on an optional basis in St. Paul's Hospital. Here are some convincing facts and figures for the past year in Vancouver: the number of calls increased from 2,686 in 1934 to 3,021 in 1935; the daily average number of nurses on call decreased from 78 to 58; the schedule of fees for eight-hour duty in hospitals is as follows: surgical and medical cases, $4.00; maternity cases, $4.00; mental and infectious cases, $4.00; alcoholic cases, $5.00.

Victoria

There are no special meetings of the private duty section in Victoria, their problems being dealt with at the general meetings. A plan for eight-hour duty in hospitals was put into force in July, 1935, and since that time the work has been better distributed and a greater number of calls recorded. The total number of calls filled in 1935 was 1,677 as compared with 1,528 in 1934 and 1,222 in 1933. These figures include all calls filled, through the Graduate Nurses' Registry, to the local hospitals, nursing homes and home cases. It was necessary to make a few exceptions and to revert occasionally to the twelve-hour period in hospitals because a few of the doctors refused to co-operate; however, the majority have fallen in with the new routine without opposition. A fund has been established by the private duty nurses themselves whereby needy patients are provided with nursing service paid for out of the fund. This money was raised by bridge parties, raffles and a rummage sale, and was augmented by contributions from the junior auxiliaries of the hospitals and other organizations. This plan has accomplished two things: it has provided care for those who could not afford to pay for it themselves and has helped a few nurses who needed the work. The assignment of the nurses to these cases is left entirely to the Registry.

AN INTERNATIONAL LOSS

On June 3, 1936, at Washington, D.C., the death occurred, suddenly, of Clara Dutton Noyes. In the passing of this able and courageous woman the profession of nursing the world over has sustained a very severe loss. At the time of her death Miss Noyes occupied

the important position of director of nursing service for the American Red Cross Society. During the Great War she had served as assistant director of this service and, through the years had built up a magnificent record of wholehearted and unwavering devotion to duty. Miss Noyes possessed executive ability of an extremely high order which, coupled with her keen intelligence, made it possible for her to deal swiftly and effectively with the crucial situations which arise in an emergency nursing service which is national in scope.

Miss Noyes was a graduate of the School of Nursing of Johns Hopkins Hospital, Baltimore. Very early in her professional career it became apparent that she was not only a good administrator but that she also had a firm grasp of educational principles and, after serving successively as superintendent of nurses at the Hospital for Women and Children, in Boston, and in St. Luke's Hospital, New Bedford, she became director of the great School of Nursing associated with Bellevue and its allied hospitals in New York City.

It was to be expected that throughout her long and active career, that various nursing organizations would recognize and avail themselves of her exceptional capacity for leadership. At the time of her death she was first vice-president of the International Council of Nurses, and had previously served as president of the American Nurses Association and as president of the National League of Nursing Education. In international as in national nursing affairs she was looked upon as a wise guide and counsellor, and her Canadian colleagues will join with nurses from every part of the world in offering their respectful sympathy to our American sisters in this sore bereavement.

OBITUARY

DE COURSEY — The death occurred on March 8, 1936, of Miss Alma Evelyn De Coursey. Miss De Coursey was a graduate of the School of Nursing of the Medicine Hat General Hospital and was a member of the class of 1920. She served on the staff of this hospital for the past nine years and her death is sincerely regretted.

FATHERINGHAM—On May 6, 1936, Annie Balfour, wife of Rev. R. Fatheringham. She was a member of the class of 1903 of the School of Nursing of the Kingston General Hospital.

MITCHELL—The death occurred recently, at the Hamilton General Hospital, of Mrs. James Mitchell (Lillian Overholt), a member of the class of 1910 of the School of Nursing of the Hamilton General Hospital.

PHILIP — On May 14, 1936, at the Belleville General Hospital, Josephine Onyon, beloved wife of Mr. Gerald B. Philip, in her thirty-third year. She was a graduate of the School of Nursing of the Woman's General Hospital, Montreal, class of 1933, and greatly esteemed by all those with whom she came in contact.

STEWARTSON — On April 11, 1936, at the Metropolitan General Hospital, Walkerville, Ont., Violet Lucille Stewartson died after a brief illness. Miss Stewartson was a graduate of the School of Nursing of the Ontario Hospital, London, class of 1929, and for more than six years had been a member of the nursing staff of the Metropolitan General Hospital.

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

International Students

During the session of 1936-1937 three nurses from Canada will be enrolled as students in the courses given under the auspices of the Florence Nightingale International Foundation. In addition to Miss Caroline Elizabeth Sage, who was awarded the Canadian Nurses Association scholarship, Miss Nettie Edna Howey, one of the supervisors of the nursing staff of the Department of Health for the Province of Ontario, will attend the course for public health nurses and Miss Sadie Alexandra Williams, a member of the nursing staff of the Toronto General Hospital, will attend the course for nurse administrators and teachers in schools of nursing.

Immigration Regulations

Early this year the Canadian Nurses Association received requests for information concerning the regulations governing the entry of nurses from other countries who wish to pursue their professional education or activities in Canada. In order to supply authentic information in reply to these enquiries, several questions were addressed to the Deputy Minister of Immigration and Colonization at Ottawa. For the benefit of those who may be interested, a statement of the information received appears below.

Nurses who wish to enter Canada as students for postgraduate study for one year in a university which offers these courses are allowed to enter within the non-immigrant class, as students. The Immigration Act provides for the temporary admission of students entering Canada for the purpose of attendance, and while in actual attendance, at any university or college authorized by State or charter to confer degrees. It would be necessary upon application at a Canadian port of entry to establish their status in this respect, also to establish that they are in possession or would have available sufficient means for maintenance and expenses while in Canada without engaging in any remunerative occupation. Assurance must be given that they will leave Canada upon completion of the course and that they possess the necessary passport facilities establishing citizenship which would enable them to return to the country of citizenship. With regard to those nurses who wish to study by means of travel and field observation in Canada for periods which may vary in length, it would be necessary for applicants to establish the *bona fide* temporary nature of their proposed stay in Canada. They must also show that they possess sufficient means for maintenance and expenses without seeking or accepting any remunerative employment during their stay and must be in possession of the necessary passport facilities to establish citizenship and to enable them to leave Canada.

Admission as Residents

Nurses who wish to take up residence in Canada and to continue active in the profession of nursing would be subject to examination as immigrants and subject to the existing regulations. Those who are British subjects by birth or naturalization in the British Isles or any of the Overseas Dominions and those who are citizens of the United States of America are required to submit to inspection in the matter of mental and physical health, character, literacy and ability to satisfy the examining officers at a Canadian port of entry of the possession of sufficient means for maintenance until employment is secured. Also, there is in effect a contract labour regulation which prohibits the landing in Canada of any immigrant seeking entry under contract or agreement, expressed or implied, to perform labour or service of any kind in Canada. With regard to

nationals of other countries the regulations are considerably more restricted, this being necessary on account of employment and economic conditions in Canada. At present the only classes who are encouraged to come to Canada are *bona fide* agriculturists having sufficient means to farm in Canada; and the wife and dependent children of any person legally admitted to and resident in Canada who is in a position to receive and care for his dependents. Consequently nurses, unless they are British subjects or citizens of the United States as described above, do not come within the ordinarily admissable classes at the present time.

Book Reviews

THE HYGIENE OF THE CHANGE IN WOMEN, by Isabel Emslie Hutton, M.D. 105 pages and index. Published by The Macmillan Company of Canada, 70 Bond St., Toronto. Price $1.50.

This excellent little volume has been prepared by an English physician who is herself a woman and therefore understands the psychological aspects of the climacteric. The book is intended for the lay reader but could be read with profit by nurses. It may safely be recommended to patients who are in need of advice and reassurance but who are too reticient to ask for either. The author is most careful to avoid any suggestions for self-treatment and clearly indicates the circumstances under which a physician should be consulted. Any woman who follows the advice given in this book will pass through a period of physical and emotional readjustment, the terrors of which a foolish tradition has greatly exaggerated.

PRINCIPLES OF BACTERIOLOGY, by Arthur A. Eisenberg, A.B., M.D., Director of Laboratories, Sydenham Hospital, New York, and Mabel F. Huntly, M.A., R.N., director of nursing, Wesson Hospital, Springfield, Mass.; annotations and a section on microbic variations by F. E. Colien, M.S., Ph.D. 378 pages. Illustrated. Published by The C. V. Mosby Company, St. Louis, Mo. Canadian Agents: McAinsh & Co. Limited, Toronto. Price, $3.00.

The sixth edition of this useful and comprehensive text reveals numerous changes and additions which add materially to its value. Emphasis is placed upon the preventive aspects of medicine in relation to bacteriology. The directions for laboratory exercises and the thought-provoking questions given at the end of each chapter will be found useful in preparing lesson plans. The illustrations are excellent, especially those which are reproduced in colour. There is a glossary and an index.

ON THE TRAIL OF ADVENTURE, by Louie Bryce, a graduate of the School of Nursing of the Hospital for Sick Children, Toronto. 45 pages. Published by Mawson, Swan & Morgan, Ltd. Price, 50 cents. Copies may be obtained from the author (Mrs. Alex. MacRae), 6 Jesmond Road, Newcastle-upon-Tyne, England.

Our readers will certainly be pleased to learn that these delightful letters, which originally appeared under this title in *The Canadian Nurse*, have been published in book form. This record of the adventures of a nurse in many lands is as remarkable for the distinction of its style as for the vividness and humour of its description. Its convenient size makes it ideal for summer reading out-of-doors.

THE NIGHTINGALE MEMORIAL FOUNDATION

The secretary of the Manitoba Association of Registered Nurses has forwarded a list of the contributors to the donation of $113.50 which was acknowledged in the May issue of this *Journal*. The donors were:

A.A., Winnipeg General Hospital ..	$100.00
Carman General Hospital	5.00
Private Duty Nurses	5.00
Staff Nurses, Grace Hospital, Winnipeg	3.50

Additional contributors to the Fund have been received as follows:

British Columbia	
Prince Rupert General Hospital	13.35
Mrs. Kneen (Emily Hogarth), Nanaimo	5.00
Miss Rutherford, Salmon Arm	1.00
Manitoba	
Brandon Graduate Nurses Association	14.00
Central Tuberculosis Clinic, Winnipeg	1.25
Margaret Scott Nursing Mission, Winnipeg	1.25
Nursing Division, Department of Health and Public Welfare	8.00
Nursing Staff, Winnipeg General Hospital	9.25
A.A., St. Boniface Hospital	25.00
New Brunswick	
Registered Nurses Association of New Brunswick (for the Endowment Fund)	50.15
Nova Scotia	
Registered Nurses Association of Nova Scotia, Halifax Branch	25.00
Ontario	
Student Nurses, Victoria Hospital, London	25.00
Graduate Nurses Association, St. Catharines	5.00
Ontario Division, Canadian Red Cross Society	25.00
A.A., East General and Orthopedic Hospital, Toronto	5.00
Graduate Staff and Student Nurses, East General and Orthopedic Hospital, Toronto	10.00
Quebec	
Hôpital Saint-Luc, Montreal	5.00
Montreal Graduate Nurses Association	25.00
Student Government Association, Montreal General Hospital	35.00
Sister Rozon, St. Mary's Hospital, Montreal	10.00

FORTY YEARS ON!

The Alumnae Association of the Toronto Western Hospital recently celebrated the fortieth anniversary of the founding of the School for Nurses. This occasion took the form of a reunion dinner at which 250 members were present. To the great joy of the Association three members of the class of 1898 were in attendance: Mrs. MacConnell, Mrs. Annie York and Mrs. Chubb. The following were guests at the head table: Miss Allegra Walker, president; Miss B. L. Ellis, superintendent of nurses; Mr. and Mrs. A. J. Swanson, Dr. and Mrs. Frank Scott, Dr. Augusta Stowe Gullen, Dr. H. A. Beattie, Dr. and Mrs. S. M. Hay, Dr. and Mrs. John Ferguson, Mrs. Skenes of Buffalo, formerly Miss Hudson; Miss E. Muriel McKee, superintendent of Brantford Hospital. Mrs. Islay McConnell, the first to graduate from the School, read an illuminated address of greetings to Miss B. L. Ellis, the present superintendent of nurses, and at its conclusion Miss Mary Thomas and Miss Marjorie Agnew, graduates of the class of 1919-20, who have been members of the hospital staff since graduation, presented Miss Ellis with a handsome Sheffield tea service. A letter of congratulation was read from Miss Gladys Sharpe, who is attending the course given under the auspices of the Florence Nightingale Memorial at Bedford College, London. Former superintendents were presented with baskets of flowers and many letters were received from members who lived too far away to attend. Mrs. C. Parr, formerly Miss Eva Linn, journeyed all the way from Florida for this happy occasion.

News Notes

News items intended for publication in the ensuing issue must reach the *Journal* not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

BRITISH COLUMBIA

VANCOUVER: An examination for title and certificate of Registered Nurse was held recently in five centres in British Columbia. The following are the results given in order of merit: *First Class* (80% and over)—H. S. Porritt, Provincial Royal Jubilee Hospital, Victoria; R. Corbould, Prince Rupert General Hospital; E. Wowk, Royal Columbian Hospital, New Westminster; Sister Providence, St. Paul's Hospital, Vancouver; P. Eccleston; E. E. Copeland, D. R. Paton, *equal;* M. C. Bearce; I. E. Leeson, Sister Alcide Marie, *equal;* D. Young; E. Henry; A. V. Mackenzie; A. V. Larsen, A. J. A. Spratt, *equal;* Mrs. D. M. Carey, E. H. Polak, *equal;* M. E. Telford; M. J. Phillips, Sister Mary Alena, *equal;* C. F. DaCosta, K. M. Jakubiec, M. M. Simpson, *equal;* A. M. Brown; B. Haan, E. C. Maguire, *equal. Second Class* (65% to 80%) — J. Brown, M. H. B. Ryall, G. D. Smith, *equal;* R. Ahlgren, E. M. Brown, *equal;* A. J. Boutwell, H. Matsukura, E. M. Moscrop, *equal;* A. C. McKinnon, V. T. Ulmer, *equal;* K. E. McMillan; B. E. Steben; I. M. Hollingdale; H. F. Chaloner, S. E. Hellawell, D. A. V. Maynard, M. M. Megaw, *equal;* M. E. Brake; D. B. Harris, J. L. Kwong, R. E. Thomas, M. McB. Weatherby, *equal;* C. I. Connon, E. E. Gfroerer, *equal;* A. T. Pillsbury; J. M. Power; J. E. Bryant; M. L. Pritchard, E. A. Shulaika, *equal;* S. M. E. Courtney; L. L. M. Studdy; M. M. Richardson; M. C. McDonald; J. I. Pringle; L. A. Cochran; F. M. Harford; P. J. Grant; C. M. Stewart; M. M. Cartlidge, J. McG. Ion, M. M. Austin, S. L. M. Hulton-Harrop, *equal;* C. B. Phillips, M. E. Richards, *equal;* E. M. McCallan, M. I. Scott, *equal;* A. M. Lee, C. M. Wright, *equal;* R. H. Dunwoodie, E. J. Hutcheson, M. J. McCormick, *equal;* D. M. P. Barnes; M. I. Miller; V. E. Monteith, C. M. Stegavig, *equal;* D. M. Brand, M. A. Naylor, *equal;* B. L. Weatherhead; E. R. Conway; M. D. Howis, C. S. Leighton, F. McD. Murray, *equal;* H. J. Burtch, C. E. McCluskey, *equal;* M. E. R. Cathro, G. M. McArthur, equal; I. A. Johnstone; D. M. White; D. Shute; M. M. Reid; R. C. Spruston; J. M. Cullinane; S. M. Davidson. *Passed* (60% to 65%)—J. N. May; H. M. Irons. *Passed supplemental*—L. M. Kilvert (1); E. A. Richardson (1). *Passed with supplemental* (1) *to write*: B. F. C. Cornwall.

VICTORIA: The resignation of Miss Winnifred M. Cooke, as instructor at the Provincial Royal Jubilee Hospital, has been accepted with regret. Miss Cooke has held this position for eight years and has been active in local and provincial Associations and on the board of examiners for Registered Nurse certificates.

MARRIED: On April 23, 1936, Miss Margaret Irene Westman, to Mr. George Morrison.

MANITOBA

BRANDON: The annual dinner of the Graduate Nurses Association was held recently with the graduating class of the School of Nursing of the Brandon General Hospital as guests of honour. The annual report was read and the nominating committee gave a list of the new officers for the coming year. Mrs. A. K. Foster gave a delightful talk on "Making a living and a life."

ST. BONIFACE: The annual dance, arranged by the members of the St. Boniface Nurses Alumnae Association in honour of the 1936 graduating class took place recently. The event had for its organizers Miss Mary Wilson as convener, assisted by a committee consisting of Mrs. J. P. Howden, Mrs. Fred Smith and Miss Margaret Spooner. Dean and Mrs. A. T. Mathers, Dr. and Mrs. John Gunn lent their patronage. Miss Margaret Meehan, the president, received the many guests.

WINNIPEG GENERAL HOSPITAL: The annual meeting of the Alumnae Association was held on May 16, 1936, and the following officers have been elected for the coming year: Honorary President, Mrs. A. W. Moody; president, Mrs. J. W. Briggs; first vice-president, Miss P. Brownell; second vice-president, Mrs. J. W. Stewart; third vice-president, Miss K. Wilkins; recording secretary, Miss I. McLennan; corresponding secretary, Miss H. M. Ross; representative to Training School Committee, Miss K. McLearn; editor of *Journal*, Miss Julia Moody; assistant editor, Miss Helen Miller; business manager, *Journal*, Miss E. Timlick; Press Alumnae Club, Miss F. Strattan; archivist, Miss S. Pollexfen; membership, Miss M. Shepherd; representative to *The Canadian Nurse*, Miss E. Honey. After so successfully presenting "Nine till Six" earlier in the year, the dramatic group of the Alumnae Club entered a play in the Provincial Drama Festival. The handicraft group of the Alumnae Club held an enjoyable bridge party recently.

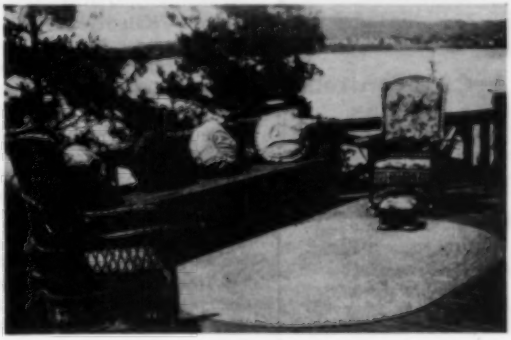
MARRIED: On May 23, 1936, Miss J. Landy to Dr. F. Fjeldsted.

HOLIDAY AT THE "PAULINE LEMOINE MEMORIAL"

ENJOY the beauties of the Laurentian Mountains
in the celebrated Gatineau District.

HOT AND COLD RUNNING WATER

BOATING, BATHING.



GOOD MEALS.

COURTEOUS SERVICE.

CONGENIAL COMPANY.

The Victorian Order of Nurses' beautiful summer home on Blue Sea Lake, Quebec.

FOR FURTHER INFORMATION WRITE

MRS. G. B. GREENE, 446 Daly Ave., Ottawa, Ont.

NEW BRUNSWICK

ST. STEPHEN: A meeting of the Chipman Memorial Hospital Alumnae Association was held recently with twenty members present. Dr. W. H. Bunker gave an illustrated address on a South American cruise. Members of the Local Chapter with a delegation of student nurses from the Chipman Memorial Hospital recently attended worship in the Presbyterian Memorial Church. A helpful sermon was preached by Rev. G. Lloyd Fulford, his subject being "God and the nurse." Members of the local Chapter, N.B.A.R.N., were guests of Mrs. Harry Short and Mrs. Roy Bartlett at a delightful tea in honour of Mrs. Sydney Moore (Hazel Upton, C.M.H., 1923), who is leaving to reside in Massachusetts.

NOVA SCOTIA

HALIFAX: At a recent meeting of the Halifax Infirmary Alumnae Association, Mrs. L. Emerson gave an interesting address on parliamentary procedure and public speaking. The graduating class of 1936 were present as guests of the Association and both students and graduates showed their appreciation by their undivided attention.

MARRIED: On June 1, 1936, Miss Sadie Gervais (H.I., 1933) to Mr. Humphrey Power.

ONTARIO

DISTRICT 1

LONDON: A scholarship of $100.00 was awarded to Miss Gertrude Maynard, Reg. N., of Victoria Hospital, by the Alumnae Association, full maintenance being provided by the Trust. Ten dollars was voted to the Fresh Air Fund.

MARRIED: Recently, Miss Eleanor Harley to Mr. Oscar Smith.

DISTRICTS 2 AND 3

BRANTFORD: The graduation exercises of the Brantford General Hospital School for Nurses were held on June 5, when twelve students received their diplomas and pins. Scholarships were awarded as follows: First general proficiency, Margaret K. Copeland; second general proficiency, Evelyn E. Scott; for excellent practical and executive work, Margaret K. Copeland; scholarship for obstetrics, Muriel J. Murray. Dr. John G. Althouse, Dean of the Ontario College of Education, addressed the class. A dinner-dance was given by the Alumnae Association in honour of the class. Miss Edith Read (B.G.H., 1934) has assumed her duties on the staff of the Brantford General Hospital following the completion of a course in teaching and nursing school

NEW!...

Zahorsky's

PEDIATRIC

NURSING

JUST OFF THE PRESS

568 pages; 144 illustrations; 7 color plates. $3.50

McAinsh & Co. Limited

Dealers in Good Books Since 1885

388 YONGE STREET - TORONTO

Position Wanted

By a graduate of an accredited School of Nursing in Ontario who has taken post-graduate courses in X-Ray and laboratory technique; operating room; emergency and out-patient department. Also two years' experience as a supervisor and three years as a private duty nurse.

Address correspondence to

BOX 5

The Canadian Nurse

1411 Crescent Street - Montreal, P.Q.

Royal Victoria Montreal Maternity Hospital

POSTGRADUATE COURSES

are offered in

(a) Obstetrical Nursing: 3 months

(b) Gynaecological Nursing: 2 months

Students may enroll for either course singly, or for both courses to be taken consecutively.

Each student will be granted a certificate upon the successful completion of a course.

Full maintenance will be provided.

For further particulars regarding the course in theory and the clinical experience afforded in each course, write to:

The Supervisor of Nurses,

ROYAL VICTORIA

MONTREAL MATERNITY HOSPITAL

Montreal, Canada.

administration at the School of Nursing of the University of Toronto.

MARRIED: On May 16, 1936, Miss Jennie Hannon (B.G.H., 1933) to Mr. Clarence Kelly.

WOODSTOCK: The student nurses were recently hostesses at a successful tea at the Woodstock General Hospital. Miss H. L. Potts and Miss Walz received the guests. On June 3 the Alumnae Association of the Woodstock General Hospital held a reunion banquet at which the 1936 graduating class were entertained.

MARRIED: On May 2, 1936, Miss Anna Edmunds (W.G.H., 1935) to Mr. Frank Kling.

MARRIED: On May 7, 1936, Miss Marie Kenny (W.G.H., 1933) to Mr. Roy Osborn.

DISTRICT 4

HAMILTON: The graduating exercises of the School for Nurses were held on June 3 with Mr. W. H. Cooper, chairman of the Board of Governors, presiding. Addresses were given by Rev. G. H. Williams, D.D., and Dr. D. A. Warren. The University scholarships were won by Miss Laura M. Dryden and Miss Margaret Mansell. Other prize-winners were: general proficiency, Miss A. Isabel McCutcheon; bedside nursing, Miss M. Pearl Walker; obstetrics, Miss Helen Graham; surgery, Miss Arlene Mackie; surgical nursing examination, Miss Marjorie Consell; medicine, Miss Kathleen Routledge. On May 29 the members of the graduating class were guests of honour at a reunion dinner given by Hamilton General Hospital Alumnae Association. Miss Ada Schiefele has been appointed as a delegate from the Hamilton General Hospital Association to the Biennial Meeting of the Canadian Nurses Association.

MARRIED: On May 30, 1936, Miss Lila Hack (H.G.H., 1923) to Mr. J. W. Thompson, Saskatoon.

MARRIED: Recently, Miss Ethel Bush (Hamilton General Hospital, 1928) to Dr. J. Morrison Webb.

MARRIED: On May 2, 1936, Miss Alice Jane McDougall (H.G.H., 1933) to Dr. John Munro.

MARRIED: On April 7, 1936, Miss Ethel Mary Tilden (H.G.H., 1925) to Mr. John W. Lambe.

NIAGARA FALLS: The annual "Springtime Review" sponsored by the Alumnae Association was held recently and a goodly sum was realized for the work of the Association. The members of the 1936 graduating class were recently guests of honour of the Alumnae Association of the Hospital at dinner. Miss V. Goodland, president of the Alumnae, re-

ceived the guests. Miss Ada Hubbell, superintendent of the Hospital, gave an informal talk, after which the class were further entertained at a theatre party.

DISTRICT 5

TORONTO: The spring meeting of District 5, Registered Nurses Association of Ontario, was held on May 16 at the country branch of the Hospital for Sick Children at Thistletown. After a tour of the Hospital the members gathered in the auditorium where Dr. J. L. McDonald gave an address on osteomyelitis, illustrated with slides. Several children in different stages of treatment were brought in for observation. Short meetings of the three sections were held before tea was served by the hospital staff to one hundred and twenty-nine members, including two from Barrie and five from Oshawa. Miss McKenzie, public health nurse, and Miss Docker of the Victorian Order, both from North Bay, and members of District 9, who had been in Toronto attending the refresher course in child hygiene at the School of Nursing at the University of Toronto, were guests of District 5. At the evening meeting the conveners of standing and special committees were heard from and Miss Effie Smith of Oshawa presented the report from Chapter 1. Miss P. Beatrice Austin, chairman of the district, gave a concise report of the annual meeting of the R.N.A.O. in Peterborough. The report of the committee on Dominion Registration of Nurses was presented for discussion by Miss Mary Millman, Ontario representative on the committee. A glee club of nurses from the Toronto General Hospital, under the direction of Miss Anne Macfarland of the graduate staff, sang two delightful groups of songs during the evening. Dr. Gladys Boyd, of the Hospital for Sick Children, spoke on the subject of bronchiectasis, interpreting diagnosis and treatment by means of slides and specimens.

TORONTO: The annual reunion dinner of the Alumnae Association of the School of Nursing of the University of Toronto took place recently. This gathering was a milestone in the history of the School, whose first group of students in the undergraduate course in nursing (now in their third year), was present. Eighteen students, who completed a year of postgraduate study in June, with the members of the Alumnae Association brought the attendance to one hundred and ten. Several out-of-town members were present including five from Hamilton. With Miss Laura Webb, president of the Association, at the head table were the honorary president, Miss Flor-

A Gentle Laxative
and
Efficient Antacid

Phillips' Milk of Magnesia for over half a century has been a standard laxative antacid for patients of all ages.

As a laxative, 4 to 8 teaspoonfuls (adult dosage) produce a mild, yet efficient action, without griping.

Half the above dosage is effective in counteracting gastric hyperacidity.

For the patient who requires frequent alkaline medication, Phillips' Milk of Magnesia Tablets offer a convenient method. Each tablet equals a teaspoonful of Phillips' Milk of Magnesia.

Samples on request.

PHILLIPS'
Milk of Magnesia

Prepared only by
The Chas. H. Phillips Chemical Co.
WINDSOR, ONTARIO

Selling Agents:
The Wingate Chemical Co. Ltd.
MONTREAL, QUEBEC

General Health NIPPLES

A Victoria Nurse says: "they are wonderful."
—They will not collapse
—Will not pull off, and can be put on with one hand while holding a baby.

Large Size 25c, Small 10c

Canadian Agents

Laurentian Laboratories Limited

560 DeCourcelles St.

MONTREAL, P.Q.

Made in Canada

The Central Registry Graduate Nurses

Phone Garfield 0382

Registrar:
ROBENA BURNETT, Reg.N.
91 Balsam Ave., Hamilton, Ont.

THE
Manitoba Nurses' Central Directory

Phone 72 151

214 BALMORAL STREET
Winnipeg, Man.

MONTREAL GRADUATE NURSES' ASSOCIATION REGISTER

Nurses Called Day or Night

Telephone PLateau 7841

KATHLEEN BLISS, Reg. N.,
Registrar,

1230 Bishop St., MONTREAL, P.Q.

Club House Phone PL. 3900.

The Central Registry of Graduate Nurses, Toronto

Furnish Nurses at any hour
DAY OR NIGHT

Telephone Kingsdale 2136

Physicians' and Surgeons' Bldg.,
86 Bloor Street, West,
TORONTO
HELEN CARRUTHERS Reg. N.

ence Emory; the Reverend Stanley Russell and members of the executive committee. Miss Emory read a letter from Miss E. K. Russell, director of the School, who has been in England since February in connection with a survey of nursing education facilities in London. Miss Russell regretted her enforced absence from the reunion and said that she would soon be sailing for home. Miss Laura Gamble, convener of the Special Fund Committee, discussed the letter which had recently been sent out to graduates of the School, soliciting subscriptions to a reserve fund which would be available for those needs of the School not otherwise provided for. Dr. Stanley Russell, the guest speaker, pictured in vivid language, the landmarks of "Old London" against a background of history and tradition.

TORONTO: ST. MICHAEL'S HOSPITAL. The Alumnae Association recently held a successful Bridge under the convenership of Miss Jule Fitzpatrick. The proceeds were donated to the scholarship fund. The Alumnae have founded a new scholarship to be given each year to a member of the Association who, for two years or more has been in good standing in order that she may take a course in any branch of nursing she may choose.

The Association has undertaken the publishing of a Quarterly, the first issue of which appeared last January. Its aim is to bring our widely-spread circle of friends closer together. We need the co-operation of all our members, far and near. If you have any news notes or items of interest be sure to send them in. Write and tell us where you are and what you are doing. Address all correspondence to Constance Bond, 8 Edgewood Avenue, Toronto.

MARRIED: In June, 1936, Miss Margaret Mallon (S.M.H., 1931) to Mr. W. Murphy, Vancouver.

DISTRICT 8

CORNWALL: The spring meeting of District 8, Registered Nurses Association of Ontario, was held in Cornwall on May 16. A large and representative group attended, Miss Maude Hall, chairman, presiding. The morning session took place at Hôtel Dieu Hospital; a large number of Sisters were present at this meeting. A delightful luncheon was held at the Cornwallis Hotel, Miss Marjorie Young, superintendent of the Cornwall General Hospital, presiding. Dr. G. C. Brink of the Department of Health, Toronto, gave a most interesting address on "Tuberculosis." The afternoon session was held at the Cornwall General Hospital. The proposed plan for Dominion Registration was discussed and an interesting paper on "Nursing Bureaux" was given by Miss E. Frances Upton. Following the afternoon meeting, Miss Young and mem-

bers of the Alumnae of the Cornwall General Hospital entertained the guests at tea.

CORNWALL: The annual meeting of the Alumnae Association of the Cornwall General Hospital was held on May 29, 1936, when all the officers were elected by acclamation. Miss Christina MacLennan (C.G.H., 1927) has accepted the position as superintendent of the Hospital at Eston, Sask.

MARRIED: On April 11, 1936, Miss Florence Fever (C.G.H., 1934) to Mr. Harold Gunther.

MARRIED: On September 14, 1935, Miss Mabel Fraser (C.G.H., 1934) to Mr. Charlton MacInnes.

MARRIED: On October 26, 1935, Miss Mildred Murray (C.G.H., 1934) to Dr. J. Cameron Wilson.

OTTAWA: On June 1, the Alumnae Association of the Ottawa Civic Hospital School of Nursing entertained the twenty-seven members of the graduating class of 1936 at a delightfully appointed dinner. The two Alumnae Associations of St. Luke's Hospital and Lady Stanley Institute were also guests. Miss Dorothy Moxley presided. Miss Bennett spoke briefly to the graduates, and to all the nurses present. She advised them to know their own problems and try to handle them through organized groups, before outsiders took authority out of our hands. A skit entitled "Stars of Yesterday" was presented under the direction of Miss Evelyn Pepper.

OTTAWA: Miss Edna Osborne (O.C.H., 1928), who has recently completed a course in public health nursing at Toronto University, has been appointed to the V.O.N. staff in Ottawa. Miss Ila Johnston (O.C.H., 1932) has been appointed to the operating room staff of the Ottawa Civic Hospital. Miss Enid Hart (O.C.H., 1934) is taking a postgraduate course at the Children's Memorial Hospital, Montreal.

MARRIED: On April 27, 1936, Miss Beatrice Bethune (O.C.H., 1929) to Mr. Lloyd Richards, Phm.B.

MARRIED: On May 13, 1936, Miss Mary Bladwin (O.C.H., 1933) to Mr. George Spratt.

MARRIED: On April 28, 1936, Miss Marjorie Campbell (O.C.H., 1927) to Mr. William Blatchley.

MARRIED: On March 14, 1936, Miss Myrtle Dale (O.C.H., 1929) to Dr. John Tweddell.

MARRIED: On April 18, 1936, Miss Mary Edwards (O.C.H., 1932) to Mr. Alex. Smith.

MARRIED: On May 1, 1936, Miss Phyllis Hough (O.C.H., 1933) to Dr. Herbert Barner.

MARRIED: On May 11, 1936, Miss Ethel Lyons (O.C.H., 1929) to Dr. John O'Connell.

"ANTI-COLIC" Rubber Caps, No. 150
Keep Baby's Food Sanitary

Make Bottles LEAK-PROOF in any position

1 Tab makes it easy to put Cap on or off.

The Air-tight Closure protects Contents and Rim of Bottle from dust and germs.

Made by
Seiberling Rubber Co.
Toronto, Ont., Canada

(Amber Pure Gum)
at All Drug Stores
Hospitals Supplied by Wholesale Houses

(Free Sample to Nurses and Hospitals in Canada)

CASH'S Woven names

IDENTIFICATION
IS EASY WITH
CASH'S WOVEN NAMES
Sewn on or attached with Cash's No-So Cement. Most hospitals, Institutions and Nurses use them in preference to all other methods. From your dealer or
CASH'S
236 GRIER ST. - BELLEVILLE, ONT.

CASH'S NAMES | 3 doz - $1.50 | 6 doz - $2.00 | 9 doz - $2.50 | 12 doz - $3.00 | NO-SO Cement 25¢ a tube

The Ideal Aperient
for Babies and Children

STEEDMAN'S
From Teething to Teens POWDERS

Experienced Nurses know that these famous English powders are ideal for fretful babies—during teething—to relieve feverishness and constipation—whenever a safe and gentle laxative is needed. Free samples gladly supplied, also copies of concise practical booklet, "Hints to Mothers." Address JOHN STEEDMAN & CO., Dept. 10, 560 Decourcelles Street, Montreal

BABY'S OWN SOAP
Best for Baby
Best for You

MARRIED: On April 16, 1936, Miss Maisie McLean (O.C.H., 1932) to Dr. G. D. Richardson.

MARRIED: On May 9, 1936, Miss Edla Scammell (O.C.H., 1932) to Mr. Edwin McElroy.

PEMBROKE: Miss M. M. Jones, superintendent of the Pembroke Cottage Hospital, has been granted leave of absence, and is at her home in London. During her absence Miss Reta E. Follis has been appointed acting superintendent.

MARRIED: On April 18, 1936, Miss Dorothy J. Collins (P.C.H., 1933) to Mr. Reginald Pinegar.

MARRIED: On April 28, 1936, Miss Doris W. Griese (P.C.H., 1934) to Mr. Clarey McMullen.

OTTAWA: The final meeting of the season of the Lady Stanley Nurses' Alumnae was held at the home of Mrs. J. Waddell, Waverley Street, Ottawa. Gratifying reports were presented by the secretary, Mrs. A. E. Mahood, and the treasurer, Mrs. N. M. Halkett.

OTTAWA: The following nurses attended the Biennial Meeting of the Canadian Nurses Association: Miss E. Smellie, Miss M. Hall, Miss K. C. McIlraith of the Victorian Order of Nurses; Miss G. Clarke, Miss M. Camley, of the Ottawa General Hospital; Miss J. Vizard, Miss E. B. Rogers, Miss G. Ferguson, Miss G. Froats, Miss B. McGillivray, of the Ottawa Civic Hospital; Miss Jean Church, chairman of private duty section, R.N.A.O.

DISTRICT 9

GRAVENHURST: The last meeting of the season of the R.N.A.O., District 9, Gravenhurst Chapter, was held recently. Dr. Kendall gave an illustrated lecture on "Bermuda" which was very interesting.

SAULT STE. MARIE: The formal opening of the room furnished by the Alumnae Association of the General Hospital took place recently. The president, Miss Lilian Goatbe, declared the room opened, and Miss Blanche Roy, first vice-president, presented the Sister Superior at the hospital with a golden key tied with the Alumnae colours of garnet and gold. Mrs. Loretta Callum, one of the first graduates of the training school, presented Sister Mary Dorothea, the foundress of the training school, with a beautiful bouquet of roses and Miss Elizabeth Gordon made a similar presentation to Sister Elizabeth, the Superior of the hospital. Miss Alma O'Connor read a suitable address, dealing with the work of the hospital and giving a brief outline of its history. The programme was closed with the blessing by the Very Rev. Dean Paris, of St. Luke's pro-Cathedral, conducting the celebration of the twenty-fifth anniversary of St. Mary's Training School for Nurses. The members of the Alumnae Association held a dinner at which the guest of honour was a graduate of the first class of the training school, Mrs. Loretta Callum, of Pembroke.

TIMMINS: The regular meeting of the Timmins Chapter, District 9, R.N.A.O., was held recently with a good attendance. Miss Verna Smythe was elected secretary and Miss Mae Burgera, treasurer, for the incoming year. Dr. Russell gave a very interesting and instructive address on tuberculosis and silicosis.

QUEBEC

MONTREAL: A meeting of the nursing education section of the Association of Registered Nurses of the Province of Quebec was held recently at the Shriners' Hospital for Crippled Children. A most interesting programme of demonstrations and lectures was arranged by Miss M. E. Orr, superintendent of the hospital, with the assistance of the nursing staff and the directors of the physio-therapy and occupational therapy departments. The programme was opened by an address given by Miss Orr, entitled "Organization of Shriners' Hospitals for Crippled Children." Dr. W. G. Turner, professor of orthopaedic surgery in McGill University, then delivered an informative illustrated lecture entitled "The problem of the cripple." Demonstrations of physiotherapy, as applied in the post-operative treatment of spastic conditions, were given by Mr. Kendall, director of the physio-therapy department. Various nursing procedures were demonstrated by Miss Des Barres. A visit was

(*Continued on page 332*)

OVALTINE TONIC FOOD BEVERAGE

As extra nourishment between meals. Doctors the world over approve of Ovaltine, which is a delicious concentrate of certain vital foods processed by the exclusive Ovaltine process.

ALL DRUGGISTS AND GROCERS

FOR DENTAL CARIES
OF
PREGNANCY

OSTOGEN

The Most Economical Form of
VITAMIN D

15 C.C. and 6 C.C. bottles

Charles E. Frosst & Co.
Manufacturing Pharmacists since 1899
MONTREAL CANADA

. . . OFF . . . DUTY . . .

We are confronted . . . with the grim fact . . . that for eight mortal days . . . of glorious summer weather . . . we shall be cribbed, cabined and confined . . . in what someone has aptly described . . . as a sizzling tin oven . . . The Pullman Company . . . will not relish this description . . . of the luxurious accommodation . . . they offer to the public . . . but there it is . . . The prospect does not appal us however . . . because we like trains . . . especially the trans-continental variety . . . For one thing they have such entrancing names . . . "The Orient Express" . . . (we found a flea in this one) . . . "The Twentieth Century" . . . "The Sunset Limited" . . . and the regretted "Trans-Canada" . . . Still there remain "The Dominion" and "The Continental Limited" . . . which traverse sufficient Canadian territory . . . to justify their proud names . . . We are at a loss to explain . . . our strange obsession . . . Trains invariably smell horrid . . . and their grime penetrates . . . to the deepest layers . . . of the epidermis . . . We wake up suffocating in tunnels . . . and loathe the promiscuity . . . of the ladies' dressing-room . . . but there are compensations . . . At divisional points . . . we always stroll down the platform . . . and take a look at the engineer . . . leaning nonchalantly out of his fiery chariot . . . We watch the men . . . who tap all the wheels . . . with a hammer . . . and spy on the conductor . . . gravely reading his train orders . . . Somehow it reminds us of taking the night report . . . on a busy ward . . . There is the same matter-of-fact discipline and order . . . which used to prevail in Ward Three . . . when our first head nurse . . . presided over its destinies . . . Like nursing, railroading has its own professional etiquette . . . Have you noticed the train men . . . when trains pass one another . . . giving a sort of Fascist salute . . . from the observation platform? . . . We enquired about this once . . . and were told that it was not . . . a token of brotherly affection . . . but had a significance . . . all its own . . . like rising from one's chair . . . when addressed by a physician . . . In Hungary the railways are owned by the Government . . . (we hope Sir Edward Beatty is not reading this) . . . and the station masters salute the train in military fashion . . . whenever it enters or leaves a station . . . That always gave us a thrill . . . We realize, however, . . . that everyone does not share . . . our affection for the iron horse . . . When we went down . . . to pay our income tax . . . an irate gentleman . . . who was struggling with his returns . . . at the same counter . . . asked us whether we realized . . . what proportion of our modest contribution . . . would be squandered on railways . . . We said no . . . and that even if we did . . . that we wouldn't care . . . because it gave us a sense of ownership . . . We watch our red lights turn to green . . . and our block signals rise and fall . . . We hear the melancholy roar . . . of our great engines in the night . . . and we remember what plucky, decent patients . . . railway men always are . . . So we ear-marked our little cheque . . . "for railways only" . . . We like trains . . . E. J.

FRED HAS A TERRIBLE PAIN, MAMA. I THINK I'D BETTER CALL THE DOCTOR
YOU'RE FOOLISH! A HOT WATER BAG AND SOME CASTOR OIL WILL CURE IT
Complications are pretty apt to follow when the layman tries to run the doctor's business! . . . .
The Borden Company takes this maxim to heart. That's why we never advertise Borden's St. Charles Irradiated Evaporated Milk direct to mothers for infant feeding—and never give a feeding formula.
The Borden Company believes that both the form of milk and the formula are for the doctor to decide.
But . . . when he does prescribe evaporated milk for a baby's formula, we sincerely believe that Borden's St. Charles Irradiated Evaporated Milk deserves to be specified.
This is pure Milk from healthy herds. It is produced and safeguarded under the strict system of supervision that assures the quality and purity of all Borden products.
Borden's Evaporated Milk was accepted in 1930 by the American Medical Association Committee on Foods.
The Vitamin D content of Borden's St. Charles Evaporated Milk has been increased by direct irradiation with ultra-violet rays under Canadian Patents Nos. 291,138 and 306,562, Licensed by Wisconsin Alumni Research Foundation.
Borden's
ST. CHARLES
MILK

Borden's IRRADIATED

ST. CHARLES EVAPORATED MILK

Made in Canada

(*Continued from page 328*)

also paid to the schoolroom. The attendance included about eighty nurses drawn from all three sections of the Association.

MONTREAL GENERAL HOSPITAL: The graduating exercises of the School for Nurses took place on June 4, 1936, with Lieut.-Col. Herbert Molson presiding. The sudden death of Dr. Campbell Howard, a distinguished member of the medical staff of the hospital, was deeply deplored by the chairman and a tribute of silence was paid to his memory. Fifty-one nurses received their medals and diplomas. The prize-winners were as follows: Prizes presented by the Board of Management for general proficiency, Miss E. G. Sears and Miss J. L. Case; Mildred Hope Forbes prizes for highest aggregate marks during the entire course, Miss E. G. Sears and Miss E. M. E. Weston. An eloquent address was delivered to the graduating class by Dr. J. Appleton Nutter. On the previous evening the graduating class were entertained at dinner by the Alumnae Association. Miss Martha Batson, president of the Association, presided and a delightful address was given by Dr. A. T. Bazin.

MONTREAL: The following nurses have successfully completed their postgraduate work at the School for Graduate Nurses, McGill University: Miss E. S. Reid (1930), Miss M. J. Bergeron (1931), Miss Helen Hamilton (1933) and Miss Carol Michaels (1932), the latter receiving a scholarship given by the M.G.H. Alumnae Association. Miss Olive Carter and Miss Janet Cunningham, both graduates of 1935, have recently left for Vancouver, where they are working in the General Hospital for the summer months. Miss Nina Brown (1918) is on a visit to Montreal from Los Angeles and was therefore able to attend the graduation festivities.

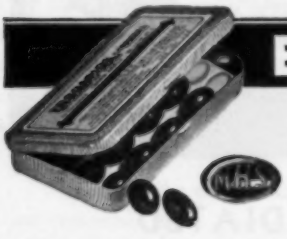
MARRIED: On May 30, 1936, Miss Katharine Yule (M.G.H., 1931) to Mr. Charles Ray Johnston.

MARRIED: On May 15, 1936, Miss Agnes Buchanan (M.G.H., 1929) to Mr. C. F. Blenkenship.

QUEBEC: The graduating exercises of the School of Nursing of the Jeffery Hale's Hospital took place on May 9, with Mr. J. T. Ross presiding. The Hon. R. F. Stockwell gave the address to the graduating class and the pins and diplomas were presented by Miss E. Laird. Following the exercises refreshments were served. On the previous evening a dance was given in honour of the new graduates by the class of 1937. The Alumnae Association also entertained them at dinner with Miss H. MacKay presiding.

SHAWINIGAN FALLS: The Registered Nurses Club of Shawinigan Falls recently celebrated their second anniversary. Our objective when we organized two years ago was to help our private duty nurses. During the past two years twelve meetings, business and social, were held, by-laws and regulations of fees have been adopted for hourly nursing, one day confinement cases, and giving treatments in the homes. Letters have been sent to all doctors and dentists in our city, asking them to use the services of our Registered Nurses when possible. At our meetings we have had interesting papers read in French and English by nurses engaged in public health, industrial, institutional and sanitary units, as well as in private duty. Articles have been read from *The Canadian Nurse* and *La Garde Malade*, to which magazines our club subscribes and passes to members. Refreshments are served at close of meetings. We are glad to report progress at our annual meeting: getting together and talking over our problems has helped us and our aim for the future is forward.

(*Continued on page 340*)



ERGOAPIOL (SMITH)

A Menstrual Regulator . . .

When the periods are irregular, due to constitutional causes, Ergoapiol (Smith) is a reliable prescription. In cases of Amenorrhea, Dysmenorrhea, Menorrhagia and Metrorrhagia, Ergoapiol serves as a good uterine tonic and hemostatic and is valuable for the menstrual irregularity of the Menopause. Prescribed by physicians throughout the world.

Dosage:
1 to 2 capsules 3 or 4 times daily. Supplied only in packages of 20 capsules. Literature on request.

MARTIN H. SMITH CO. New York, N. Y.

Official Directory

International Council of Nurses

Secretary, Miss Anna Schwarzenberg, 14, Quai Gustav Ador, Geneva, Switzerland.

CANADIAN NURSES ASSOCIATION

Officers

President.....Miss R. M. Simpson, Parliament Buildings, Regina, Sask.
First Vice-President.....Miss G. M. Fairley, General Hospital, Vancouver, B.C.
Second Vice-President.....Miss M. L. Moag, 1246 Bishop Street, Montreal, P.Q.
Honorary Secretary.....Miss E. J. Wilson, 668 Bannatyne Ave., Winnipeg, Man.
Honorary Treasurer.....Miss M. Murdoch, General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: (1) President, Provincial Nurses Association; (2) Chairman Nursing Education Section; (3) Chairman, Public Health Section; (4) Chairman, Private Duty Section.

Alberta: (1) Miss F. Munroe, Royal Alexandra Hospital, Edmonton; (2) Miss J. Connal, General Hospital, Calgary; (3) Miss A. A. McKee, 206 Oddfellows Bldg., Calgary; (4) Miss J. Clow, 9817-107th St., Edmonton.

British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. J. MacLeod, General Hospital, Vancouver; (3) Miss M. Kerr, Eburne; (4) Miss E. Paulson, 432 Ash St., New Westminster.

Manitoba: (1) Miss S. Wright, 340 St. Johns Ave., Winnipeg; (2) Miss E. Mallory, Children's Hospital, Winnipeg; (3) Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg; (4) Miss P. Brownell, 215 Chestnut St., Winnipeg.

New Brunswick: (1) Miss A. J. MacMaster, Moncton Hospital, Moncton; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss M. McMullen, St. Stephen.

Nova Scotia: (1) Miss L. G. Hall, Victorian Order of Nurses, Halifax; (2) Miss V. I. Winslow, Children's Hospital, Halifax; (3) Miss Margaret Buchanan, North Sydney; (4) Mrs. E. M. Haliburton, 203 Jubilee Road, Halifax.

Ontario: (1) Miss E. Cryderman, 281 Sherbourne St., Toronto; (2) Miss R. M. Beamish, Toronto Western Hospital, Toronto; (3) Miss M. Walker, Institute of Public Health, London; (4) Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Prince Edward Island: (1) Miss Anna Mair, P.E.I. Hospital, Charlottetown; (2) Rev. Sr. Stanislaus, Charlottetown Hospital, Charlottetown; (3) Miss Ina Gillan, Kent Manor, Charlottetown; (4) Miss M. Gamble, 51 Ambrose St., Charlottetown.

Quebec: (1) Miss C. V. Barrett, Royal Victoria Maternity Hospital, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss M. I. Brady, 3504 Park Ave., Apt. 18, Montreal; (4) Miss L. Urquhart, 1832 Lincoln Ave., Apt. 20, Montreal.

Saskatchewan: (1) Miss A. F. Lawrie, Regina General Hospital, Regina; (2) Miss E. Amas, City Hospital, Saskatoon; (3) Miss E. Smith, Normal School, Moose Jaw; (4) Miss H. E. Wills, 2840 Robinson St., Regina.

CHAIRMEN, NATIONAL SECTIONS

NURSING EDUCATION: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal. PUBLIC HEALTH: Miss A. E. Wells, Dept. of Health, Legislative Bldg., Winnipeg. PRIVATE DUTY: Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

NURSING EDUCATION SECTION

CHAIRMAN: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal; VICE-CHAIRMAN: Miss C. Brewster, General Hospital, Hamilton; SECRETARY: Miss E. Frances Upton, 1396 St. Catherine St. W., Montreal; TREASURER: Miss M. B. Anderson, Ottawa Civic Hospital, Ottawa.

COUNCILLORS: **Alberta:** Miss J. Connal, General Hospital, Calgary. **British Columbia:** Miss A. J. MacLeod, General Hospital, Vancouver. **Manitoba:** Miss E. Mallory, The Children's Hospital, Winnipeg. **New Brunswick:** Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton. **Nova Scotia:** Miss V. I. Winslow, Children's Hospital, Halifax. **Ontario:** Miss R. M. Beamish, Toronto Western Hospital, Toronto. **Prince Edward Island:** Rev. Sr. Stanislaus, Charlottetown Hospital, Charlottetown. **Quebec:** Miss M. Batson, The Montreal General Hospital, Montreal. **Saskatchewan:** Miss E. Amas, City Hospital, Saskatoon.

PRIVATE DUTY SECTION

ACTING CHAIRMAN: Miss J. L. Church, 120 Strathcona Ave., Ottawa; SECRETARY-TREASURER: Miss H. E. Wills, 2840 Robinson St., Regina.

COUNCILLORS: **Alberta:** Miss J. Clow, 9817-107 St., Edmonton. **British Columbia:** Miss E. Paulson, 432 Ash St., New Westminster. **Manitoba:** Miss P. Brownell, 215 Chestnut St., Winnipeg. **New Brunswick:** Miss M. McMullen, St. Stephen. **Nova Scotia:** Miss E. M. Haliburton, 203 Jubilee Road, Halifax. **Ontario:** Miss J. L. Church, 120 Strathcona Ave., Ottawa. **Prince Edward Island:** Miss M Gamble, 51 Ambrose St., Charlottetown. **Quebec:** Miss L. Urquhart, 1832 Lincoln Ave., Apt. 20, Montreal. **Saskatchewan:** Miss H. E. Wills, 2840 Robinson St., Regina. CONVENER OF PUBLICATIONS: Miss M. R. Chisholm, 805 Seventh Ave. N., Saskatoon.

PUBLIC HEALTH SECTION

CHAIRMAN: Miss A. E. Wells, Dept. of Health, Legislative Bldg., Winnipeg; VICE-CHAIRMAN: Miss M. Kerr, Eburne; SECRETARY-TREASURER: Miss Isabel McDiarmid, 363 Langside St., Winnipeg.

COUNCILLORS: **Alberta:** Miss A. A. McKee, 206 Oddfellows Bldg., Calgary. **British Columbia:** Miss M. Kerr, Eburne. **Manitoba:** Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss Margaret Buchanan, North Sydney. **Ontario:** Miss M. Walker, Institute of Public Health, London. **Prince Edward Island:** Miss Ina Gillan, Kent Manor, Charlottetown. **Quebec:** Miss M. I. Brady, 3504 Park Ave., Apt. 18, Montreal. **Saskatchewan:** Miss E. Smith, Normal School, Moose Jaw.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss F. Munroe, Royal Alexandra Hospital, Edmonton; First Vice-President, Miss J. Connal, General Hospital, Calgary; Second Vice-President, Miss E. McPhedran, 1514-11th Ave. W., Calgary; Secretary-Treasurer-Registrar, Mrs. A. E. Vango, 11109-83rd Ave., Edmonton; *Chairmen of Sections: Nursing Education*, Miss J. A. Connal, General Hospital, Calgary; *Private Duty*, Miss J. C. Clow, 9817-107th St., Edmonton; *Public Health*, Miss A. A. McKee, 206 Oddfellows Bldg., Calgary.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss G. M. Fairley, Vancouver General Hospital, Vancouver; First Vice-President, Miss E. G. Breeze; Second Vice-President, Miss M. Duffield; Secretary, Miss C. C. Tretheway, 520 Vancouver Block, Vancouver; *Councillors:* Miss M. P. Campbell, Miss M. Mirfield, Miss K. Sanderson, Sister Mary Gregory; Registrar, Miss Helen Randal, 520 Vancouver Block, Vancouver; *Committee Conveners: Nursing Education*, Miss A. J. MacLeod, Vancouver General Hospital; *Public Health*, Miss M. Kerr, Eburne; *Private Duty*, Miss E. Paulson, 432 Ash St., New Westminster.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss Sadie Wright, 340 St. Johns Ave., Winnipeg; First Vice-President, Miss J. Houston, Ninette; Second Vice-President, Miss E. Fraser, Children's Hospital, Winnipeg; Third Vice-President, Rev. Sister Krause, St. Boniface Hospital, St. Boniface; *Members of Board:* Miss C. Macleod, Brandon General Hospital; Miss E. Robertson, King George Hospital, Winnipeg; Miss H. Tregear, Carman; Miss E. Parker, Ste. 25, 580 Broadway Ave., Winnipeg; Miss I. Broadfoot, 11 Anvers Apts., Winnipeg; Miss J. Stothart, Dauphin; Miss A. Baird, 247 Colony St., Winnipeg; *Conveners of Sections: Nursing Education*, Miss E. Mallory, Children's Hospital, Winnipeg; *Public Health*, Miss C. Maddin, Enfield Apts., Preston Ave., Winnipeg; *Private Duty*, Miss P. Brownell, 215 Chestnut St., Winnipeg; *Committee Conveners: Social*, Miss J. Roberts, Deer Lodge Hospital, Deer Lodge; *Visiting*, Mrs. J. Morrison, 184 Brock St., Winnipeg; *Directory*, Miss H. Corelli, 892 Grosvenor Ave., Winnipeg; *Press*, Miss L. Kelly, 753 Wolseley Ave., Winnipeg; *Membership*, Miss P. Anderson, 99 George St., Winnipeg; *Library*, Office Staff, 214 Balmoral St., Winnipeg; Representative to *The Canadian Nurse*, Mrs. A. McFetridge, 71 Cambridge St., Winnipeg; Secretary-Treasurer, Mrs. S. Gordon-Kerr, 214 Balmoral Street, Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Miss A. J. MacMaster, Moncton Hospital, Moncton; First Vice-President, Mrs. G. E. Vandorsser; Second Vice-Pres., Mrs. A. G. Woodcock; Hon. Sec., Rev. Sister Kenny; *Councillors:* Misses M. Murdoch, F. Coleman, M. Miller, M. E. Stuart, E. M. Tulloch, Rev. Sister Kerr, Mrs. A. G. Woodcock, Mrs. Duffy; Secretary-Treasurer-Registrar, Miss Maude E. Retallick, 262 Charlotte St. West, Saint John; *Conveners of Sections: Nursing Education*, Rev. Sister Kerr; *Public Health*, Miss A. A. Burns; *Private Duty*, Miss M. McMullen; *Convener of Constitution and By-Laws Committee*, Miss S. E. Brophy; Representative to *The Canadian Nurse*, Miss Maisie Miller.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Miss Marion Haliburton, 40 South St., Halifax; First Vice-President, Mrs. D. J. Gillis, 9 Welsford St., Halifax; Second Vice-President, Miss Anne Foster, Berwick; Third Vice-President, Sister Anna Seton, Halifax Infirmary; Recording Secretary, Miss Mary Saxton, 94 Jubilee Rd., Halifax; Treasurer, Corresponding Secretary and Registrar, Miss Murie Graham, 413 Dennis Bldg., Halifax.

ONTARIO

Registered Nurses Association of Ontario (Incorporated, 1925)

President, Miss Ethel Cryderman, 281 Sherbourne St., Toronto; First Vice-President, Miss Constance Brewster, Hamilton General Hospital, Hamilton; Second Vice-President, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; Secretary-Treasurer, Miss Matilda E. Fitzgerald, 3 Willcocks St., Toronto; *Chairmen: Nursing Education Section*, Miss Rahno M. Beamish, Toronto Western Hospital, Toronto; *Private Duty Section*, Miss Jean L. Church, 120 Strathcona Ave., Ottawa; *Public Health Section*, Miss Mildred Walker, Institute of Public Health, London; *District 1:* Chairman, Miss Mabel Hoy, 606 Canada Bldg., Windsor; Secretary-Treasurer, Miss P. Schurter, 339 Princess Ave., London; *Districts 2 and 3:* Chairman, Miss Helen L. Potts, General Hospital, Woodstock; Secretary-Treasurer, Miss F. Kudoba, General Hospital, Stratford; *District 4:* Chairman, Miss C. Brewster, Hamilton General Hospital, Hamilton; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *District 5:* Chairman, Miss P. B. Austin, Hospital for Sick Children, Toronto; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *District 6:* Chairman, Miss F. Fitzgerald, Ontario School for the Deaf, Belleville; Secretary-Treasurer, Miss M. Fitzgerald, 174 Dufferin Ave., Belleville; *District 7:* Chairman, Miss Mary F. Bliss, Public General Hospital, Smiths Falls; Secretary-Treasurer, Miss Dorothy Driffield, Box 612, Smiths Falls; *District 8:* Chairman, Miss M. Hall, 311 Transportation Bldg., Ottawa; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts Bldg., Ottawa; *District 9:* Miss H. E. Smith, Box 305, New Liskeard; Secretary-Treasurer, Miss R. Buchanan, Sanitorium P.O., Gravenhurst; *District 10:* Chairman, Miss May Hamilton, 80 Crown St., Port Arthur; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William.

District 1, Registered Nurses Association of Ontario

Chairman, Miss M. Hoy; Vice-Chairman, Miss D. Shaw; Sec.-Treas., Miss P. Schurter, 339 Princess Ave., London; *Councillors:* Misses F. Connolley, A. Claypole, L. Pettypiece, J. Paul, Mmes. Malone, Johnston; *Conveners: Education*, Miss E. Hazelwood; *Private Duty*, Miss M. Baker; *Public Health*, Miss M. Chambers; *Publications*, Miss N. Williams; *Membership*, Miss G. Versey.

District 2 and 3, Registered Nurses Association of Ontario

Chairman, Miss H. L. Potts; Vice-Chairman, Miss A. Campbell; Secretary-Treasurer, Miss F. E. Kudoba, General Hospital, Stratford; *Councillors:* Misses K. Charnley, A. MacDonald, L. Ferguson, F. Rae, H. Booth, F. M. Smith; *Committee Conveners: Nursing Education*, Miss Z. M. Hamilton; *Private Duty*, Miss L. Forewell; *Public Health*, Mrs. J. M. Mitchell.

District 4, Registered Nurses Association of Ontario

Chairman, Miss C. Brewster; Secretary-Treasurer, Miss C. Sheridan, 29 Augusta St., Hamilton; *Committee Conveners: Membership*, Miss I. Murray; *Programme*, Mrs. Blake; *Finance*, Miss Livingstone; *Nominating*, Miss Buckbee; *Permanent Education Fund*, Miss Souter; *Publications*, Miss C. Inrig; *Enrolment for War and Disaster*, Miss A. Boyd; *Local Council of Women*, Mrs. Stephen, Mrs. Haygarth.

District 5, Registered Nurses Association of Ontario

Chairman, Miss P. B. Austin; Vice-Chairman, Miss I. Weirs; Secretary-Treasurer, Miss Gladwyn Jones, Nurses Residence, Toronto Western Hospital; *Councillors:* Miss J. Anderson, J. Mitchell, E. Moore, J. Farquharson, M. Wilkinson, F. Kelsey; *Committee Conveners: Private Duty*, Miss W. Worth; *Nursing Education*, Miss W. L. Chute; *Public Health*, Miss Mildred Sellery.

District 8, Registered Nurses Association of Ontario

Chairman, Miss M. Hall; Vice-Chairman, Miss K. Bayley; Secretary, Miss M. Acland, Strathcona Hospital, Ottawa; Treasurer, Miss E. Allen, Medical Arts

Bldg.; *Councillors:* Misses M. Downey, G. Clark, J. McEwen, M. MacLaren, G. Tanner, M. Thompson; *Committee Conveners: Nursing Education*, Miss K. McIlraith; *Private Duty*, Miss M. Landreville; *Public Health*, Miss M. Black.

District 9, Registered Nurses Association of Ontario

Chairman, Miss Elizabeth Smith; First Vice-Chairman, Miss Jean Smith; Secretary-Treasurer, Miss Robena Buchanan, Sanatorium P.O., Gravenhurst; *Councillors:* Miss Elizabeth Gordon, Miss Alice Quinlan, Miss Sylvia Howard, Miss Florence Farr, Miss Mary Garvin, Miss Jane Thomas.

District 10, Registered Nurses Association of Ontario

Chairman, Miss Gladys Young, 119 Pine St., Port Arthur; First Vice-Chairman, Miss Dorothy Adams, Red Cross Outpost Hospital, Kakabeka Falls; Secretary-Treasurer, Miss Wilma Ballantyne, McKellar General Hospital, Fort William; *Councillors:* Misses M. Wallace, M. Guss, F. Gleeson, C. Chivers Wilson, Mrs. Mickelson.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Anna Mair, P.E.I. Hospital, Charlottetown; Vice-President, Mrs. Percy Proude, Charlottetown; Secretary, Miss Hattie MacLaine, P.E.I. Hospital; Treasurer and Registrar, Miss Linnie Platts, P.E.I. Hospital; *Conveners of Sections: Nursing Education*, Rev. Sr. Stanislaus, Charlottetown Hospital; *Public Health*, Miss Ina Gillan, Kent Manor, Charlottetown; *Private Duty*, Miss Millie Gamble, 51 Ambrose St., Charlottetown; *Representative* to *The Canadian Nurse*, Miss Anna Mair.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Mary A. Samuel, Mabel F. Hersey, Jean S. Wilson, Marion Lindeburgh, Rév. Soeur Augustine, Rév Soeur Marcellin, Mademoiselle Maria Roy; President, Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (French), Rév. Soeur Allard, Hôtel-Dieu de St. Joseph, Montréal; Vice-President (English), Miss Eileen C. Flanagan, Montreal Neurological Institute; Hon. Recording Secretary, Mademoiselle Alexina Marchessault, Ecole d'Hygiène sociale appliquée de l'Université de Montréal; Hon. Treasurer, Miss C. M. Ferguson, Alexandra Hospital, Montreal; *Members without office:* Miss Mabel K. Holt, Miss M. L. Moag, Rév. Soeur Gauthier, Mademoiselles Suzanne Giroux, Juliane Labelle; *Conveners of Sections: Private Duty* (English), Miss Lottie Urquhart, 1832 Lincoln Ave., Apt. 20; *Private Duty (French)*, Mlle Julianne Labelle, 324 Carré St. Louis, Montréal; *Nursing Education* (English), Miss Martha Batson, The Montreal General Hospital; *Nursing Education* (French), Rév. Soeur Valerie de la Sagesse, Hôpital Ste. Justine, Montréal; *Public Health* (bi-lingual), Miss Margaret I. Brady, Child Welfare Association of Montreal, Forum Bldg., Atwater Ave.; *Board of Examiners:* Miss Olga V. Lilly (convener), Royal Victoria Montreal Maternity Hospital; Miss Marie Des Barres, Shriners' Hospital, Montreal, Miss Katherine MacLennan, Royal Victoria College, Montreal, Miss Katherine Jamer, Alexandra Hospital, Montreal, Mlle Edna Lynch, 4642 rue St. Denis, Montréal, Mlle M. Anysie Déland, Institut Bruchési, Montréal, Mlle Alexina Marchessault, Ecole d'Hygiène, avenue Maplewood, Montréal; Executive Secretary-Registrar and Official School Visitor, Miss E. Frances Upton, Room 406, 1396 St. Catherine St. West, Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Annie F. Lawrie, General Hospital, Regina; First Vice-President, Mrs. M. A. Young, General Hospital, Moose Jaw; Second Vice-President, Sister O'Grady, St. Paul's Hospital, Saskatoon; *Councillors:* Miss Ruth Morrison, 4 Carlton Apts., Prince Albert, Miss Ann Morton, Weyburn; *Conveners of Standing Committees: Public Health*, Miss Elizabeth Smith, Normal School, Moose Jaw; *Nursing Education*, Miss Edith Amas, City Hospital, Saskatoon; *Private Duty*, Miss Helen Wills, 2840 Robinson St., Regina; Secretary-Treasurer-Registrar, Miss Margaret A. Ross, 45 Angus Crescent, Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

Hon. President, Dr. H. A. Gibson; President, Miss P. Gilbert, 113-25th Ave. W.; First Vice-President, Miss F. E. C. Reid; Second Vice-President, Miss O. Zimmerman; Rec. Secretary, Miss A. Young; Corresponding Secretary, Miss M. Flemming; Treasurer, Miss M. Watt.

Edmonton Association of Graduate Nurses

President, Miss Blanch Emerson; First Vice-President, Miss M. McDonald; Second Vice-President, Miss M. Griffiths; Treasurer, Mrs. E. World; Secretary, Miss E. Murray, Royal Alexandra Hospital; Registrar, Miss A. L. Sproule, 11138 Whyte Ave.

Medicine Hat Graduate Nurses Association

Pres., Mrs. J. Keohane; First Vice-Pres., Mrs. G. Crockford; Second Vice-Pres., Mrs. C. Pickering; Sec., Miss M. Reid, Medicine Hat General Hospital; Treas., Miss M. Hagerman, Y.W.C.A., Medicine Hat; *Committee Conveners: Membership*, Miss E. Rousom; *Visiting*, Mrs. W. A. Fraser; *Representatives:* to *Private Duty Section*, Mrs. M. Tobin; to *The Canadian Nurse*, Miss E. Breakell.

BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, Superintendent, Kootenay Lake General Hospital; President, Miss V. B. Eidt; First Vice-President, Miss E. Smith; Second Vice-President, Miss K. Gordon; Secretary, Miss S. K. M. Scott, Box 184, Nelson; Treasurer, Miss J. Leslie.

New Westminster Graduate Nurses Association

Hon. President, Miss E. Clark, Royal Columbian Hospital; President, Mrs. J. Wright; First Vice-Pres., Miss E. Hope Gouldburn; Second Vice-Pres., Miss E. Gow; Secretary, Miss E. Wrightman, 447 Columbian St. E.; Treasurer, Miss A. Macphail, 319 Sherbrooke St.; *Committee Conveners: Membership*, Miss K. Stowe; *Press*, Miss J. Peele.

Vancouver Graduate Nurses Association

President, Miss A. Croll, 836 West 14th Ave., Vancouver; First Vice-President, Miss M. Motherwell, 1747-10th West; Second Vice-President, Miss P. Mooney, St. Paul's Hospital; Secretary, Miss A. J. MacLeod, Vancouver General Hospital; Treasurer-Registrar, Miss L. G. Archibald, 536-12th West; *Council:* Misses M. Ewart, F. H. Walker, E. Berry, K. Lee, Mrs. A. Westman; *Committee Conveners: Finance*, Miss M. I. Teulon; *Programme*, Miss M. Wismer; *Membership*, Miss M. Dutton; *Social*, Miss G. Currie; *Directory*, Miss C. Harkness; *Visiting*, Miss N. Foster; *Representatives:* to *the Press*, Miss R. McLellan; to *Local Council of Women*, Misses M. Duffield, M. Gray.

Victoria Graduate Nurses Association

Hon. Presidents, Miss L. Mitchell, Sister Superior Mary Alfreda; President, Miss E. Toynbee; First Vice-

President, Miss M. Mirfield; Second Vice-President, Mrs. Bothwell; Secretary, Miss H. Andrews, 2825 Prior St.; Treasurer, Miss W. Cooke; Registrar, Miss E. Franks, 1015 Mirfield Road; *Executive Committee:* Misses T. Locke, F. Crampton, D. Frampton, M. Sangster, Mrs. Strachan.

MANITOBA

Brandon Graduate Nurses Association

Hon. President, Miss Birtles; Hon. Vice-President, Mrs. W. H. Shillinglaw; President, Miss Dora Muir, Brandon Mental Hospital; Vice-Presidents, Mrs. L. E. Fletcher, Miss Viola Vance; Secretary, Miss Dorothy Longley, Brandon Mental Hospital; Treasurer, Mrs. J. D. Sills; Registrar, Miss Christina Macleod; *Committee Conveners: Private Duty Section*, Miss Higgens; *Social*. Mrs. Grant Pearson; *Cook Books*, Miss Alice Bennett; *Visiting*, Mrs. Rowe Fisher; *Press Representative*, Miss Blanche Brigham.

ONTARIO

Smiths Falls Graduate Nurses Association

Hon. Presidents, Miss Bliss, Miss Clark; Pres., Miss Church; First Vice-Pres., Miss M. Foster; Second Vice-Pres., Mrs. B. Klyne; Sec., Miss I. C. McLeod, 34 McEwan Ave.; Treas., Miss H. Durant; *Committee Conveners: Social and Flower*, Mrs. J. Bell; *Press*, Miss Gilmour. Meetings every third Monday.

QUEBEC

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President. Miss Marguerite Craig, 1509 Sherbrooke St. W.; First Vice-President, Mrs. A. Stanley; Second Vice-President, Miss H. Dunlop; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Registrar, Miss A. K. Bliss; Relief-Registrar, Miss G. Stalker; Convener, Griffintown Club, Miss G. Colley. Regular Meeting, second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs .Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees: Nursing Education*, Mrs. Young, Sr. Mary Helena; *Public Health*. Miss Smith; *Private Duty*, Miss Cowgill, Miss Coventry; *Programme*, Miss L. Carter; *Press*, Miss Mutrie; *Social*, Miss French; *Visiting*, Miss Armstrong; *Representative* to *The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

A.A., Royal Alexandra Hospital, Edmonton

Hon. President, Miss F. Munroe; President, Miss M. Fraser; First Vice-Pres., Miss I. Johnston; Second Vice-Pres., Mrs. C. McManus; Rec. Sec., Miss V. Bransager; Corr. Sec., Miss O. Hryvnak, Royal Alexandra Hospital; Treas., Miss T. Holm; *Members of Executive:* Misses V. Chapman, Deane-Freeman, Mrs. Elwell; *Committee Conveners: Visiting*, Mrs. A. E. Jones; *Social*, Miss V. Kuhn; *Programme*, Miss M. Griffith; *Membership*, Miss L. Einarson; *News Letter*, Miss G. Allyn.

A.A., University of Alberta Hospital, Edmonton

Hon. President, Miss E. Fenwick; President, Miss N. Bowman; First Vice-President, Miss A. Baker; Second Vice-President, Miss M. Hood; Recording Secretary, Miss M. Douglas; Corresponding Secretary, Miss M. Story, 11134-90th Ave.; Treasurer, Miss J. Lees, University Hospital; *Executive Committee:* Mrs. F. Beddome, Misses A. Dickson, P. McConachie.

A.A., Lamont Public Hospital, Lamont

Hon. President, Mrs. A. E. Archer; President, Miss Olga Scheie; First Vice-President, Mrs. G. Archer; Second Vice-President, Miss A. White; Secretary-Treasurer, Mrs. B. I. Love; Corresponding Secretary, Miss F. E. Reid, 1009-20th Avenue W., Calgary; *Convener, Social Committee*, Mrs. H. McPherson.

BRITISH COLUMBIA

A.A., Vancouver General Hospital, Vancouver

Hon. President, Miss G. Fairley; President, Mrs. E. Pringle; First Vice-President, Mrs. K. L. Craig; Second Vice President, Miss K. Heaney; Secretary, Miss H. Medforth, 896-W. 13th Ave.; Corresponding Secretary, Miss C. Clibborn, 920-W. 17th Ave.; Treasurer, Miss O. M. Bealby; *Committee Conveners: Membership*, Miss M. Moffat; *Refreshments*, Miss E. Ketchum; *Visiting*, Mrs. Ferguson; *Entertainment*. Mrs. G. Dobson; *Press*, Miss B. Haddon; *Mutual Benefit Association Representative*, Miss H. Campbell; Representative to V.G.N.A., Miss R. McLellan.

A.A., Royal Jubilee Hospital, Victoria

President. Miss E. Rossiter; First Vice-Pres., Miss D. Hibberson; Second Vice-Pres., Mrs. J. H. Russell; Secretary, Miss M. Dickson, 3770 Craigmillar; Assist. Sec., Miss I. Donald; Treasurer, Mrs. A. Dowell; *Committees: Social*, Miss E. Bland; *Visiting*, Miss E. Newman.

A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Alfreda; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. J. Moore; First Vice-Pres., Miss K. Gann; Second Vice-Pres., Miss H. Andrews; Rec. Sec., Miss E. Collins; Corr. Sec., Miss B. Locke, St. Joseph's Hospital; Treas., Miss D. Dixon; *Councillors:* Mesdames F. Bryant, A. Sinclair, W. Moore, Miss C. Devereaux.

MANITOBA

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sr. Krause, St. Boniface Hospital; Hon. Vice-President, Mrs. Cresby; President, Miss M. Meehan; First Vice-President, Miss S. Madill. Second Vice-President, Miss J. Williamson; Secretary; Miss D. Burrell, 421 Banning St.; Treasurer. Miss W. Grice, 97 Balmoral Place; *Committee Conveners: Social*, Miss M. Wilson; *Visiting*, Miss A. Metcalfe; *Membership*, Miss E. Margarson; *Press*, Miss Parkhill; *Representatives:* to *Local Council of Women*, Mrs. C. Sharkey; Press Representative for the *M.A.R.N.* and *The Canadian Nurse*. Miss N. Banks.

A.A., Children's Hospital, Winnipeg

Hon. President, Miss E. Mallory; President, Miss A. MacArthur; Vice-President, Miss L. Craig; Secretary, Miss D. Henderson, Children's Hospital; Treasurer, Miss F. McLeod; *Committee Convener: Entertainment*, Miss C. Day.

A.A., Misericordia Hospital, Winnipeg

Hon. President, Sister St. Bertha; President. Miss J. Douglas; Vice-Pres., Miss A. Stigent; Sec., Miss S. Horning, 119 Chestnut St.; Treas., Miss J. Bissett; *Rep. to Board of Directors of M.A.R.N.*, Miss V. Blaine; *Committee Conveners: Visiting*. Miss R. Hall; *Refreshment*, Miss D. Ballantyne; *Publicity*, Miss B. Solmundson.

A.A., Winnipeg General Hospital, Winnipeg

Hon. President, Mrs. A. W. Moody; President, Mrs. J. W. Briggs, 70 Kingsway; First Vice-President, Miss P. Brownell; Second Vice-President, Mrs. J. W. Stewart. Third Vice-President, Miss K. Wilkins; Recording Secretary, Miss I. McLennan, Winnipeg General Hospital; Corresponding Secretary, Miss H. M. Ross, 200 Garfield St.; *Representative on Training School Committee*. Miss K. McLearn, Shriners' Hospital; *Committee Conveners; Membership*, Miss M. Shepherd, King George Hospital; *Alumnae Club*, Miss F. Strattan, 99 George St.; Editor of Journal, Miss Julia Moody, 99 George St.; Assistant Editor, Miss Helen Miller, Winnipeg General Hospital; Business Manager, Miss E. Timlick, Winnipeg General Hospital; Archivist, Miss S. Pollexfen, Winnipeg General Hospital; *Representative* to *The Canadian Nurse*, Miss E. Honey, Winnipeg General Hospital.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Hon. President, Mrs. E. J. Mitchell; President, Mrs. F. M. McKelvey; First Vice-President, Mrs. H. Steel, Second Vice-President, Miss M. Fillmore; Treasurer; Miss K. Holt; Assistant Treasurer, Mrs. J. H. Vaughan. Secretary, Miss C. Gleeson, Nurses Residence, Saint John General Hospital; *Executive Committee:* Misses M. Murdoch, E. Henderson, J. E. Beyea, Mrs. G. L. Dunlop, J. Hemphill.

A.A., L. P. Fisher Memorial Hospital, Woodstock

Hon. President, Miss Elsie Tulloch; President, Mrs. F. Hanson; Vice-Pres., Miss L. Ward; Sec.-Treas.; Miss P. Palmer, Woodstock; *Executive Committee:* Mrs. Fulton, Mrs. W. Slipp, Mrs. B. Sutton, Miss Jennie Belyea; *Committees: Visiting,* Mrs. A. Wart; *Programme,* Mrs. W. Slipp, Mrs. L. Jones, Mrs. H. Hanson; *Press Representative,* Miss M. Samphier.

NOVA SCOTIA

A.A., Glace Bay General Hospital, Glace Bay

President, Miss L. Turner, 74 Steele's Hill; Vice-Pres., Mrs. Philpott; Treas., Mrs. K. McDonald; Rec. Sec., Mrs. J. Kerr; Corr. Sec., Miss K. Pink, 7 Brookland St.; *Committee Conveners: Visiting,* Miss A. Beaton; *Finance,* Miss L. Turner; *The Canadian Nurse,* Miss C. MacKinnon.

A.A., Victoria General Hospital, Halifax

President, Miss Gertrude Crosby, 22 Morray Apts., Morris St.; Vice-President, Miss Iona Marshall; Treasurer, Miss Muriel Graham; Secretary, Miss M. L. Ripley, 303 Morris St., Halifax.

ONTARIO

A.A., Belleville General Hospital, Belleville

Hon. President, Miss Florence McIndoo; President, Miss Edith Wright; Vice-President, Miss Helen Fitzgerald; Secretary, Miss M. E. McIntosh, 191 Ann St.; Treasurer, Miss E. Meeks; *Flower Committee,* Miss T. Bird; Representative to *The Canadian Nurse,* Miss M. Jury.

A.A., Brantford General Hospital, Brantford

Hon. President, Miss E. M. McKee; President, Miss H. D. Muir; Vice-President, Miss N. Yardley, Secretary, Miss E. Cunningham, 124 Dundas St, Assistant Secretary, Miss L. VanEvery; Treasurer; Miss A. Goodwin; *Committees: Social Convener,* Mrs. C. Windrim; *Assistant Social Convener,* Miss I. Feely. *Flower,* Miss F. Ritchie, Miss D. Rashleigh, Miss W. Laird; *Gift,* Miss J. Edmondson, Mrs. E. Claridge; *Representatives: Private Duty Section,* Miss E. Lewis; to *Local Council of Women,* Mrs. W. D. Wiley; to *The Canadian Nurse,* Miss K. Charnley; *Press,* Miss K. Charnley.

A.A., Brockville General Hospital, Brockville

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to *The Canadian Nurse,* Miss V. Kendrick.

A.A., Public General Hospital, Chatham

Hon. President, Miss P. Campbell; President, Miss A. Head; First Vice-President, Mrs. E Wemp; Second Vice-President, Miss M. McDougall.; Recording Secretary, Miss E. Craig; Corresponding Secretary, Miss E. Phillips, 47 King St. W.; Treasurer, Miss B. Haley.

A.A., St. Joseph's Hospital, Chatham

Hon. President, Mother Mary; Hon. Vice-Pres., Sister M. Consolata; Pres., Mrs. I. Salmon; First Vice-Pres., Miss M. Kearns; Sec. Vice-Pres., Mrs. F. Driscoll; Sec.-Treas., Miss M. Donovan, 113 Harvey St.; Corr. Sec., Miss M. Doyle, 92 Cross St.; *Executive:* Misses J. Ross, L. O'Neil, E. Wright, Mrs. C. Jackson; *Representative District 1, R.N.A.O.,* Miss L. Pettypiece; to *The Canadian Nurse,* Miss Y. Chauvin.

A.A., Cornwall General Hospital, Cornwall

Hon. President, Mrs. I. P. MacIntosh; President, Miss Bernice McKillop; First Vice-President, Miss Kathleen Burke; Second Vice-President, Miss Elva Empey; Secretary-Treasurer, Miss Winnifred Bethune, Cornwall General Hospital; Representative to *The Canadian Nurse,* Miss H. C. Wilson, Cornwall General Hospital.

A.A., Galt Hospital, Galt

President, Miss A. MacDonald; Vice-President, Miss J. Belle; Secretary, Miss E. Gass, Galt Hospital; Treasurer, Miss H. McLaughlin, Galt Hospital; *Flower Convener,* Miss M. Van Dyke; *Press Representative,* Miss R. Evans.

A.A., Guelph General Hospital, Guelph

Hon. President, Miss S. A. Campbell; President, Miss K. Cleghorn; First Vice-President, Miss E. Eby; Second Vice-President, Miss A. Stevenson; Secretary, Miss N. Kenney, Guelph General Hospital; Treasurer, Miss M. Wood; *Committee Conveners: Social,* Miss M. McFarlane; *Programme,* Miss A. Fennell; *Flower,* Miss I. Wilson; Representative to *The Canadian Nurse,* Miss Clara Ziegler.

A.A., Guelph Homewood Sanitarium, Guelph

Hon. President, Miss Esther Northmore; President, Miss Hilda Stout; First Vice-President, Miss Fanny Shaw; Second Vice-President, Miss Marjorie Stallibrass; Corresponding Secretary, Miss Janet M. Hill, 139 Delhi St.

A.A., Hamilton General Hospital, Hamilton

Hon. President, Miss C. E. Brewster; President, Miss A. Schiefele; Vice-President, Miss E. Bingeman; Recording Secretary, Miss M. Bain; Assistant Recording Secretary, Miss H. Walker; Corresponding Secretary, Miss C. Inrig, Hamilton General Hospital; Treasurer, Miss G. Coulthart, 107 Fairholt Rd. S.; Assistant Treasurer, Miss J. Jackson; Secretary-Treasurer, Mutual Benefit Association, Miss L. Watson; *Committee Conveners: Executive,* Mrs. R. Hess; *Programme,* Miss N. Ewart; *Flower and Visiting,* Miss A. Squires; *Registry,* Miss M. Ward; *Budget,* Miss H. Aitken; *Nominating,* Mrs. N. Barlow; *Representatives:* to *R.N.A.O.,* Miss J. Souter; to *Women's Auxiliary,* Mrs. J. Stephen; to *The Canadian Nurse,* Misses R. Burnett, E. Bell, J. Murray.

A.A., St. Joseph's Hospital, Hamilton

Hon. President, Mother Martina; President, Miss Irene Murray; Vice-President, Miss A. Maloney; Secretary, Miss Lena Curry, 52 North Oval; Treasurer, Miss M. Kelly; *Representatives:* to *R.N.A.O.,* Miss Jean Morin; to *The Canadian Nurse,* Miss M. Maloney, 31 Erie Ave.

A.A., Hotel Dieu, Kingston

Hon. President, Rev. Sister Donovan; President, Mrs. W. G. Elder; Vice-President, Mrs. H. Lawlor; Secretary, Miss H. Bajus; Treasurer, Miss T. Pilley, 430½ Alfred St.; *Executive Committee:* Mrs. T. J. Ahearn, Mrs. V. Nicholson, Misses M. McCadden, J. O'Keefe; *Committee: Visiting,* Miss M. Bramah; *Social,* Misses A. Hilton, M. Birket.

A.A., Kingston General Hospital, Kingston

Hon. President, Miss Louise D. Acton; President, Miss Ann Baillie; Vice-Presidents, Miss E. Duncan, Miss E. Sharp; Secretary, Miss Mary Bird, 208 York St.; Treasurer, Mrs. C. W. Mallory, 203 Albert St.; Corresponding Secretary, Miss Bernice Graham, 216 Princess St.

A.A., Kitchener and Waterloo General Hospital, Kitchener

Hon. President, Miss K. W. Scott; President, Miss Hazel Murdoch; First Vice-President, Miss C. Mulholland; Second Vice-President, Miss F. Ludolph; Secretary, Miss R. L. Galliher, Kitchener-Waterloo Hospital; Assistant Secretary, Miss S. Ruhl; Treasurer, Miss R. Schell.

A.A., Ross Memorial Hospital, Lindsay

Hon. President, Miss E. Reid; President, Miss I. Hickson; First Vice-Pres., Mrs. Cresswell; Second Vice-Pres., Mrs. R. Moore; Corresponding Secretary, Miss D. Wilson, R.R.1, Lindsay; Treasurer, Miss D. Schofield; *Committee Convener: Social and Flower,* Miss Marguerite Hopkins.

A.A., St. Joseph's Hospital, London

Hon. President, Mother M. Patricia; Hon. Vice-President, Sister M. Ruth; President, Miss Olive O'Neil; First Vice-President, Miss Margaret DeCou; Second Vice-President, Miss Claire Gadin; Recording Secretary, Miss Margaret Myers; Corresponding Secretary, Miss Berneice Farr, 883 Adelaide St.; Treasurer, Miss Katharine Kelleher; *Representatives to Registry Board:* Misses Cecile Slattery, Madaline Baker; *Press Representative*, Miss Stella Gignac.

A.A., Victoria Hospital, London

Hon. President, Miss H. M. Stewart; Hon. Vice-President, Mrs. A. E. Silverwood; President, Miss M. McLaughlin, Base Line Rd.; First Vice-President, Miss E. Swetnam; Second Vice-President, Miss C. Gillies; Recording Secretary, Miss M. Wilson; Treasurer, Miss I. Stewart, Victoria Hospital; Corresponding Secretary, Mrs. F. Dowling, 114 Wellington St.; *Board of Directors:* Misses J. Mortimer, V. Ardiel, E. Stephens, C. Fisher, Mrs. P. Allison.

A.A., Niagara Falls General Hospital, Niagara Falls

Hon. President, Miss M. Park; President, Miss V. Goodland; First Vice-Pres., Mrs. A. Sheedy; Second Vice-Pres., Miss A. Pirie; Sec.-Treas., Miss D. Scott; Corr. Sec.; Miss E. Quinn, 963 Wilmott St.; *Visiting Committee:* Misses G. Thorpe, R. Etsell, Mrs. L. Evans; *Membership:* Misses E. McCulloch, M. Kiemele; *Representative* to *The Canadian Nurse*, Miss F. Loftus.

A.A., Orillia Soldiers' Memorial Hospital, Orillia

Hon. Presidents, Miss E. Johnston, Miss O. Waterman; President, Miss G. Adams; Vice-Presidents, Miss A. Reekie, Miss J. Quinton; Treas., Mrs. L. McKay; Rec. Sec., Miss H. Boake; Corr. Sec., Miss G. McHattie, 95 Penetang St.; *Board of Directors:* Miss S. Dudenhoffer, Miss M. MacLelland, Mrs. Kirkpatrick.

A.A., Oshawa General Hospital, Oshawa

Hon. President, Miss E. MacWilliams; President, Miss J. Stewart, 134 Alice St.; First Vice-President, Miss M. Brown, 28 Buckingham Ave.; Second Vice-President, Miss H. Darch, 13 Elgin St. E.; Rec. Secretary, Miss V. Ewers, 122 Division St.; Assist. Sec., Miss K. Hall, 43 McLaughlin Blvd.; Corr. Sec., Miss R. Armour, 16 Yonge St.; Treasurer, Miss A. Matthews, Oshawa General Hospital; *Committee Conveners: Private Duty*, Miss L. McMillan; *Programme*, Miss A. Sonley; *Representative* to *The Canadian Nurse*, Miss B. Allen.

A.A., Lady Stanley Institute (Incorporated 1918), Ottawa

Hon. President, Miss M. A. Catton; Hon. Vice-President, Miss F. Potts; President, Miss M. C. Slinn; Vice-President, Miss M. McNeice; Secretary, Mrs. A. E. Mahood; Treasurer, Mrs. N. M. Halkett, 595 Gilmour St.; *Board of Directors:* Misses E. McColl, S. McQuade, L. Bedford and M. M. Stewart; *Committee Conveners: Flower*, Miss C. Stewart; *Press*, Mrs. W. E. Elmitt; *Representative* to *The Canadian Nurse*, Miss A. Ebbs.

A.A., Ottawa Civic Hospital, Ottawa

Hon. President, Miss G. M. Bennett; President, Miss D. Moxley, 28 Woodlawn Ave.; First Vice-Pres., Miss M. Downey; Second Vice-Pres., Miss L. Barry; Rec. Sec., Miss E. Fletcher; Corr. Sec., Miss M. Morgan, 275 Powell Ave.; Treas., Miss L. Alkenbrach; *Councillors:* Misses I. Kemp, B. Graydon, M. Tanner, M Cameron, M. Carter; *Committee Conveners: Flower*, Miss D. Johnstone; *Visiting*, Miss B. Barrow; *Press*, Miss G. Moloney, 301 First Ave.; *Representatives:* to *Central Registry*, Misses D. Moxley, L. Boyle, A. Crooks, R. Alexander, E. Fletcher.

A.A., Ottawa General Hospital, Ottawa

Hon. President, Rev. Sister Mary Alban; President; Miss G. Clarke; First Vice-Pres., Miss M. Munro. Second Vice-Pres., Miss Mary Larose; Sec.-Treas., Miss Hazel Brennan, 120 Third Avenue, Ottawa; Membership Secretary, Miss Irene Rogers; *Visiting Committee:* Misses J. Robert, S. Kearns, P. Bissonnette, B. Legris; *Councillors:* Rev. Sr. Flavie Domitille, Misses F. Nevins, E. Dorsormeaux, K. Bailley, J. Robert, I. McElroy; *Representatives* to *Central Registry*, Miss M. Donnelly, Miss M. Landreville; to *The Canadian Nurse*, Miss B. Legris.

A.A., St. Luke's Hospital, Ottawa

Hon. President, Miss E. Maxwell; President, Mrs. Swardfeger; Vice-Pres., Miss N. Lewis; Treas., Miss D. Brown, 346 Waverley St.; Sec., Miss I. Johnston, 91 Cameron Ave.; *Committee Conveners: Nominating:* Misses M. Heron, S. Carmichael, E. Young; *Flower*, Misses J. Lovering, I. Allen; *Programme*, Misses N. Lewis, P. Watt; *Auditors*, Misses E. McIlraith, M. Moore; *Representatives:* to *Central Registry*, Misses S. Clark, G. Woods; to *The Canadian Nurse*, Miss M. Drummond, Ottawa Civic Hospital.

A.A., Owen Sound General and Marine Hospital, Owen Sound

Hon. Presidents, Miss Webster, Miss B. Hall; President, Mrs. C. Johnston; First Vice-Pres., Miss M. Paton; Second Vice-Pres., Miss A. Robinson; Third Vice-Pres., Miss A. Weeden; Sec., Miss D. Duncan General and Marine Hospital; Assist. Sec., Miss W. Barnes; Treas., Miss R. Dunoon; *Committee Conveners: Flower*, Miss P. Pringle; *Visiting*, Miss M. Sim; *Programme*, Miss I. Anderson; *Refreshment*, Miss M. Cruickshank; *Purchasing* and *Ways and Means*, Miss J. Agnew; *Press* and *Rep.* to *The Canadian Nurse*, Miss D. Duncan.

A.A., Nicholls Hospital, Peterborough

Hon. President, Mrs. E. M. Leeson; President, Miss A. Dobbin; First Vice-President, Miss H. Russell; Second Vice-President, Miss E. Walsh; Secretary, Miss F. Vickers, 738 George St.; Treasurer, Miss B. Smith, 472 Sherbrooke St.; Corresponding Secretary, Miss M. Beavis, 406 Sheridan St.

A.A., St. Joseph's Hospital, Port Arthur

Hon. President, Rev. Mother Dympna; Hon. Vice-President, Rev. Sister Melanie; President, Mrs. H. Chase; First Vice-Pres., Mrs. E. Galvin; Second Vice-Pres., Miss V. Belluz; Corr. Sec., Miss I. Morrison, 345 Archibald St. N., Fort William; Secretary-Treasurer, Miss V. Rantanen.

A.A., Sarnia General Hospital, Sarnia

Hon. President, Mrs. R. E. Garrett; President, Miss D. Shaw; Vice-President, Miss O. Banting; Secretary, Miss A. Parker, 465 Cromwell St.; Treasurer, Miss B MacFarlane; *Committee Conveners: Flower*, Miss L. Sugrist; *Social and Programme*, Mrs. S. Elrick; *Representative* to *The Canadian Nurse*, Miss M. Smith.

A.A., Chambers Memorial Hospital, Smiths Falls

Hon. President, Miss M. F. Bliss; Hon. Vice-President, Miss Margaret Clark; President, Mrs. Grant Gray; Vice-President, Miss Lila Leeson; Secretary-Treasurer, Miss Grace Gore, Smiths Falls General Hospital; *Committee Conveners: Social*, Mrs. Johnson, Mrs Simpson, Mrs. H. Scott, Misses M. Hart, H. Turner; *Flower*, Misses Finley, J. Henning.

A.A., Stratford General Hospital, Stratford

Hon. President, Miss A. M. Munn; President, Miss H. Stock; Vice-President, Miss D. Rohfritsch; Secretary-Treasurer, Miss Doris F. Craig, 217 Nile St.; *Committee Conveners: Social*, Miss L. Attwood; *Flower*, Miss V. Dunsmore.

A.A., Mack Training School, St. Catharines

Hon. Presidents, Miss Anne Wright, Miss Hughes; President, Miss N. Nold; First Vice-President, Miss M. McClunie; Second Vice-President, Mrs. Dewar; Secretary, Miss A. Johnston; Treasurer, Miss A. Ebbage; *Committee Conveners: Social*, Mrs. Ewing; *Programme*, Miss Reesor; *Visiting*, Miss N. Hodgins; *Representative* to *The Canadian Nurse*, Miss Ridge; *Correspondent*, Miss J. Hastie.

A.A., Memorial Hospital, St. Thomas

Hon. President, Miss L. Armstrong; Hon. Vice-Pres. Miss Buchanan; President, Miss E. Reaman; Vice-Pres., Miss E. Berube; Sec. Vice-Pres., Miss I. Garrow; Treas., Miss P. Cameron; Rec. Sec., Miss E. Jewell; Corr. Sec., Miss E. Dodds, 33 Wellington St.; *Committee Conveners: Visiting*, Miss I. Smalldon; *Social*, Miss A. Claypole; *Nominating*, Miss J. Clark; *Purchasing*, Miss F. MacAlpine; *Ways and Means*, Miss B. Pow; *Representatives:* to *R.N.A.O.*, Miss M. May; to *The Canadian Nurse*, Miss A. Prince.

A.A., Grace Division, Toronto Western Hospital Toronto

Hon. President, Mrs. C. J. Currie; President, Miss A. O. Bell; Recording Secretary, Miss Doris L. Kent; Corresponding Secretary, Miss May Hood, Grace Hospital, Toronto; Treasurer, Miss V. M. Elliott, 194 Cottingham St.

A.A., The Grant Macdonald Training School for Nurses, Toronto

Hon. President, Miss E. M. Cook, 130 Dunn Ave.; President, Miss P. Lawrence, 130 Dunn Ave.; Vice-President, Miss Ferriman; Recording Secretary, Mrs. M. Smith; Corresponding Secretary, Miss M. Zufelt, 130 Dunn Ave.; Treasurer, Miss B. Langdon; *Social Convener:* Miss Doris Reid.

A.A., Hospital for Sick Children, Toronto

Hon. Presidents, Mrs. L. Goodson, Miss F. Potts; Miss K. Panton; Hon. Vice-President, Miss P. B. Austin; President, Mrs. A. Russell; First Vice-President, Miss M. Ingam; Second Vice-President, Miss M. Waddell; Recording Secretary, Miss J. Masten; Corresponding Secretary, Miss M. Elmes; Treasurer, Miss H. Elliott, H.S.C. Country Branch, R.R. No. 3, Weston; Assistant-Treasurer, Miss A. Hulbert; *Committee Conveners: Social*, Misses H. Clayton, M. Pickard; *Flower*, Mrs. D. Bray; *Programme*, Miss M. Dewar; *Publicity*, Miss J. Charlton; *Representatives:* to *R.N.A.O.*, Miss M. St. John; to *Private Duty Section*, Miss J. Murdock; to *Local Council of Women*, Mrs. F. Wilkinson; to *Child Welfare*, Miss J. Masten.

A.A., Riverdale Hospital, Toronto

President, Miss E. Betteridge; First Vice-Pres., Miss Gastrell; Second Vice-Pres., Miss M. Thompson; Secretary, Miss Armstrong, Riverdale Hospital; Treasurer, Miss J. Phillips; *Committee Conveners: Programme*, Miss K. Mathieson; *Visiting*, Mrs. McGillivray; *Press*, Miss L. Staples; *Membership*, Misses Forbes and McLaughlin; *Nominating*, Miss L. Wilson; *Representatives* to *R.N.A.O.*, Misses Baxter and Waring.

A.A., St. John's Hospital, Toronto

Hon. President, Sister Beatrice; President, Miss J. Vanderwell; First Vice-President, Miss S. Morgan; Second Vice-President, Sister Mary Helen; Treasurer, Miss D. Whiting, St. John's Hospital; Recording Secretary, Miss A. Greenwood, St. John's Hospital; Corresponding Secretary, Miss B. Ford; *Committee Conveners; Social*, Miss E. Smithett; *Visiting*, Miss A. Davies; *Press*, Miss M. Draper.

A.A., St. Joseph's Hospital, Toronto

Hon. President, Rev. Sister M. Electa; President, Miss M. McCarthy; First Vice-President, Miss L. Boyle; Second Vice-President, Miss M. Lyons; Recording Secretary, Miss B. O'Rourke; Corresponding Secretary-Treasurer, Miss H. M. Stedman, 31 Ava Road; *Councillors:* Misses F. Lawlor, A. Harrigan, E. Foley, M. Goodfriend.

A.A., St. Michael's Hospital, Toronto

Hon. President, Rev. Sister Superior; Hon. Vice-President, Rev. Sr. Jeanne; President, Miss Marie Melody; First Vice-Pres., Miss E. Van Lane; Second Vice-Pres., Miss L. Delanty; Third Vice-Pres., Miss H. McNamara; Treas., Miss G. Coulter, Apt. 404, 42 Isabelle St.; Assist. Treas., Miss M. Robertson; Corres. Sec., Miss M. Topham; Rec. Sec., Miss M. Foreman; *Councillors:* Misses M. Stone, M. Gibson, M. Hunt; *Committee Conveners: Entertainment*, Miss J. Fitzpatrick; *Publicity*, Miss C. Bond; *Representatives:* to *Private Duty*, Misses H. Hyland, S. Hunt; *Public Health*, Miss J. Coutts.

A.A., School of Nursing, University of Toronto, Toronto

Hon. President, Miss E. K. Russell; President, Miss L. Webb; Secretary, Miss E. Gridley, 51 Farnham Ave.; Treasurer, Miss A. Heffernan; *Committee Conveners: Social*, Miss R. Garrow; *Programme*, Miss Lougheed; *Membership*, Miss L. Webb.

A.A., Toronto General Hospital, Toronto

Hon. President, Miss Jean I. Gunn; President, Miss Nettie Fidler; First Vice-President, Miss Edna Moore; Second Vice-President, Miss Jean Anderson; Secretary-Treasurer, Miss Gertrude E. Durie, 1 Ridley Gardens; *Councillors:* Miss Elvira Manning, Miss Jean Mitchell, Mrs. B. Hassard; *Committee Conveners: Flower*, Miss Effie Forgie; *Programme*, Miss Mary MacFarland; *Press*, Miss Sadie Williams; *Nomination*, Miss Hilda McLennan; *Social*, Miss Esther Strachan; "The Quarterly," Miss Mary Fidler; *Archivist*, Miss Jean Knieley.

A.A., Training School for Nurses of the Toronto East General Hospital with which is incorporated the Toronto Orthopedic Hospital, Toronto

Hon. President, Miss E. MacLean; President, Miss Alma Hunter; Vice-President, Miss C. Kipp; Secretary, Miss L. Wood, 221 Queensdale Ave.; Treasurer, Miss J. McMaster, 105 Hampton Ave.; *Representatives:* to *R.N.A.O.*, Miss M. Morninez; to *Central Registry*, Misses M. Thompson, J. McMaster.

A.A., Toronto Western Hospital, Toronto

Hon. President, Miss B. L. Ellis; President, Miss A. A. Walker, Toronto Western Hospital; Vice-President, Miss G. Paterson; Recording Secretary, Miss B. McCutcheon; Secretary-Treasurer, Miss Helen Stewart, Toronto Western Hospital; *Representative* to *The Canadian Nurse*, Miss M. Floyd.

A.A., Wellesley Hospital, Toronto

Hon. President, Miss Ross; President, Miss Louise Richards; First Vice-Pres., Miss E. McAlpine; Second Vice-Pres., Miss V. McKelvey; Corr. Sec., Miss C. Tavener, 76 Northumberland St.; Rec. Sec., Miss M Kilgour; Treasurer, Miss A. Forrester, 415 Walmer Rd. *Representative* to *The Canadian Nurse*, Miss E. Cowan.

A.A., Women's College Hospital, Toronto

Hon. President, Mrs. Bowman; Hon. Vice-President, Miss Meiklejohn; President, Miss Fraser, Women's College Hospital; Secretary, Miss Varley, 27 Dalton Rd.; Treasurer, Miss Free, Women's College Hospital.

A.A., Connaught Training School for Nurses, Toronto Hospital, Weston

Hon. President, Miss E. MacP. Dickson; President, Miss D. Clements; Vice-President, Miss D. Morrison; Secretary, Miss G. L. Mickle, Toronto Hospital, Weston; Treasurer, Miss G. Elgie, Toronto Hospital, Weston; *Convener; Social Committee*, Miss D. Branigan.

A.A., Grace Hospital, Windsor

Hon. President, Major A. M. Brett; President, Adjutant F. E. Burrows; First Vice-Pres., Miss E. Campbell; Second Vice-Pres., Miss O. Lypps; Secretary, Miss Jessie Stinson, 305 Madison Apts., Pitt St. W.; Corr. Secretary, Miss F. Johns; Treasurer, Miss B. Sandeman; Press Correspondent, Captain Gladys Barker.

A.A., Hôtel Dieu, Windsor

Hon. President, Rev. Mother Marie; President, Miss Josephine Londeau; First Vice-Pres., Miss Julia Beahn; Secretary, Miss E. Marentette, Hôtel Dieu Hospital; Treasuret, Miss Mary Fenner; *Committee Conveners:* Rev. Sister Roy, Miss Helen Slattery; *Representative* to *The Canadian Nurse*, Miss Z. Londeau.

A.A., General Hospital, Woodstock

First Honorary Presidents, Miss Frances E. Sharpe and Miss Helen Potts; President, Miss May Davison; Vice-Pres., Miss Lila Jackson; Secretary, Miss Edythe Mackay; Press Representative and Corr. Sec., Miss May Davison, 567 Adelaide St.; Asst. Sec., Miss Ella Eby; Treasurer, Miss Marie MacPherson; Asst. Treas., Miss Jean Kelly; *Committee Conveners: Programme*, Miss Anna Cook; *Flower and Gift*, Miss Gladys Jefferson; *Social*, Miss Eleanor Hastings.

QUEBEC

A.A., Lachine General Hospital, Lachine

Hon. President, Miss M. L. Brown; President, Miss M. McNutt; Vice-President, Miss E. J. Dewar; Secretary-Treasurer, Miss L. Byrns, Lachine General Hospital; *Executive Committee:* Misses I. McIntosh, S McFadyen; *Representative:* to *Private Duty Section*, Miss B. Lapierre.

A.A., Children's Memorial Hospital, Montreal

Hon. Presidents, Miss A. Kinder, Miss Alexander, Miss H. Jenkins; President, Miss L. Destromp; Vice-President, Miss G. Gough; Treasurer, Miss M. Collins; Secretary, Miss E. Richardson, Children's Memorial Hospital; *Committee Conveners: Social*, Miss E. Fox; *Sick Nurses*, Miss H. Easterbrook; *Representatives:* to *Private Duty Section*, Miss M. Plamondon; to *The Canadian Nurse*, Miss A. E. Collins.

A.A., Homeopathic Hospital, Montreal

Hon. Presidenc, Mrs. Pollack; President, Miss I. Garrick; First Vice-Pres., Miss M. Bright; Second Vice-Pres., Miss A. Davis; Secretary, Miss M. Fox, 5719 Cote St. Antoine Rd.; Asst. Sec., Miss H. Robin; Treasurer, Miss M. Berry; *Visiting Committee*, Miss H. O'Brien, Mrs. S. Wood; *Representatives:* to *Sick Benefit Society*, Mrs. J. Warren; to *Private Duty Section*, Misses J. Shanahan, A. Porteous; to *The Canadian Nurse*, Miss K. Snodgrass.